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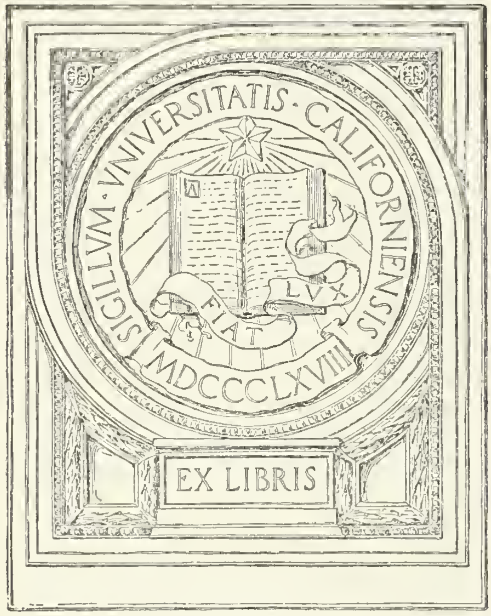

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journal of the chigan state dical society

1964 • VOL. 63 • NO. 7

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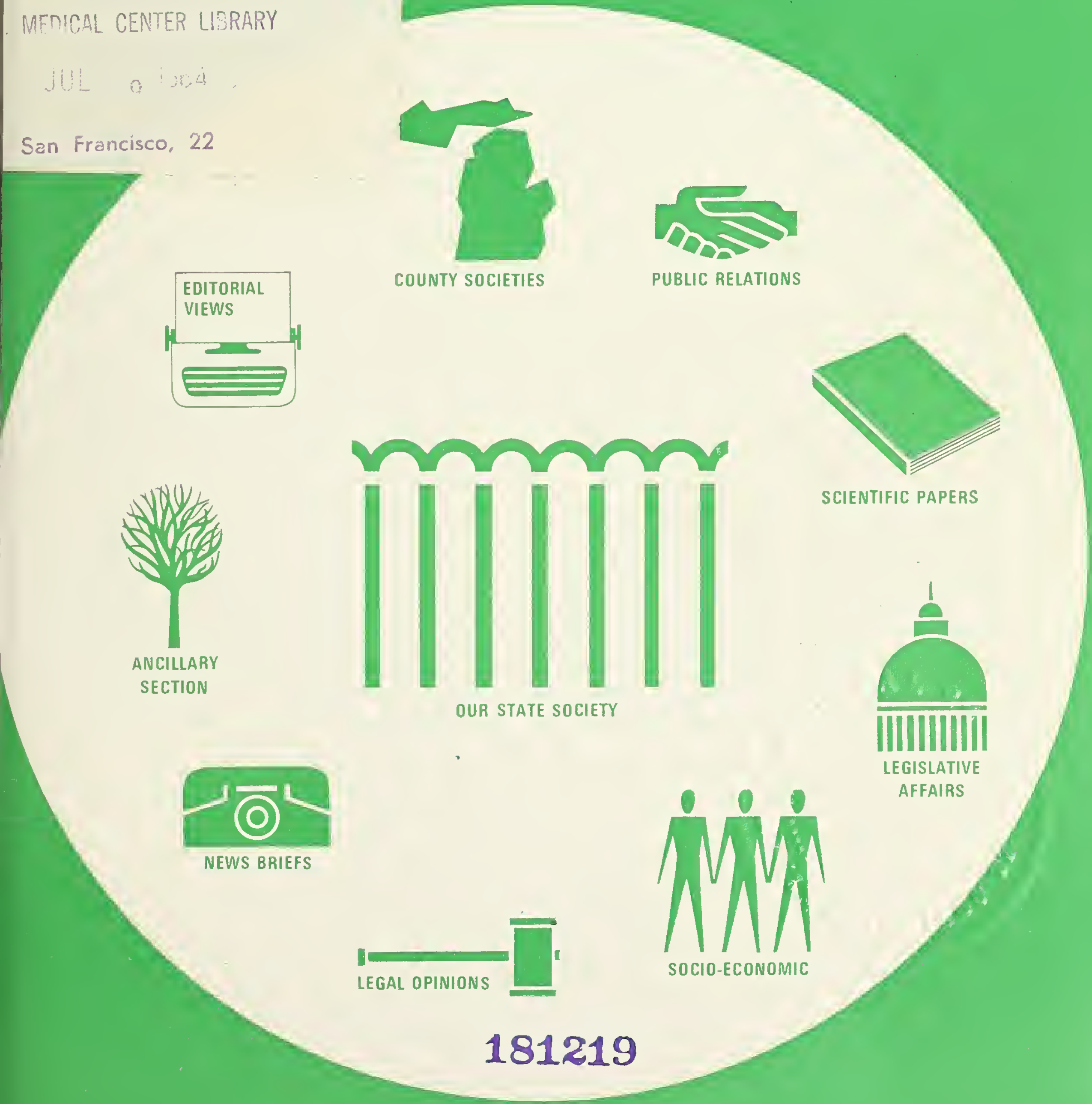
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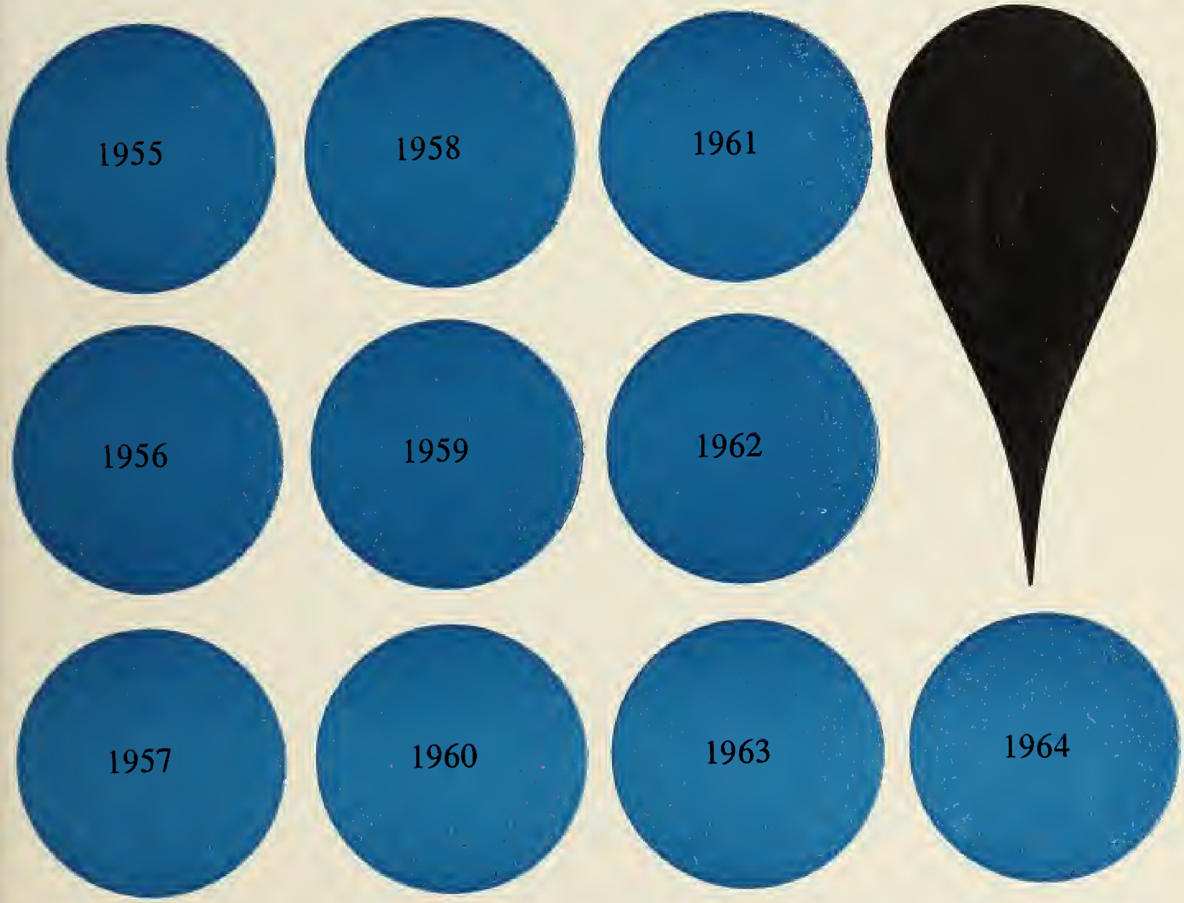
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1964
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Printed in U.S.A.

President's Message

"New" Journal At Your Service

By Orlen J. Johnson, M.D.
MSMS President

The Journal looks different?

Yes! And that's because it is different.

Michigan Medicine, the Journal of the Michigan State Medical Society, has been redesigned to increase its readability and its value to you.

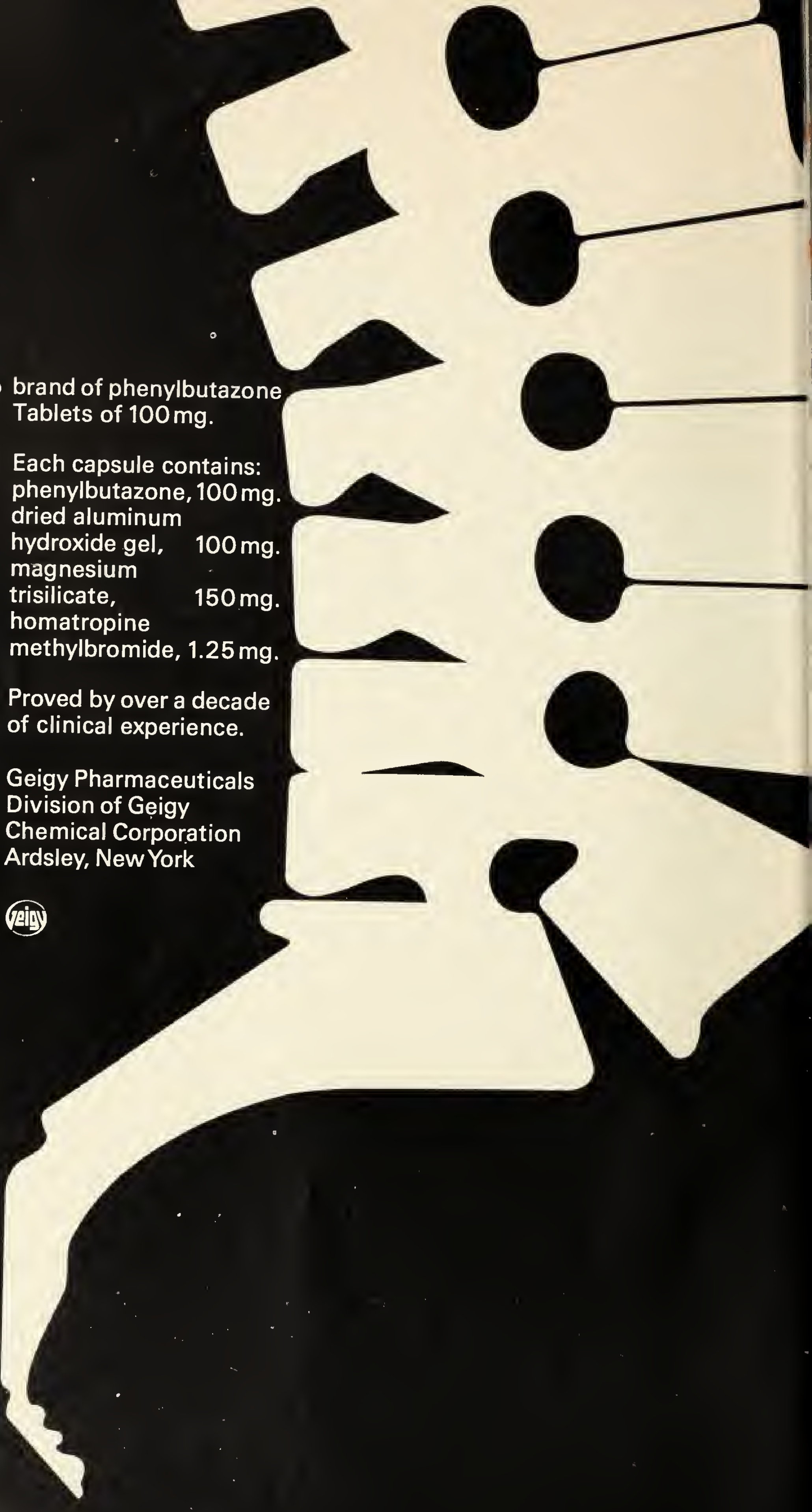
After considerable research, the publication has been changed to improve its contents and appearance. The Publication Committee recommended 14 specific changes in the Journal, and these have been enthusiastically approved by The Council.

Throughout the publication, you will find a more readable type face, new headline styles, new art symbols and new features.

Certainly, one of the major changes is the insertion of four "hot news" pages in the center of the publication. Each month, you will be able to read the colored pages and be right up to date on events of importance. Following this Journal, which will leave the printers on the first of each month, will be a 4-page or 8-page newsletter to each member on the 15th of each month. So instead of MSMS material reaching you only once a month, the staff will hustle to provide fast communication with you twice each month.

The new Journal will include more news about legislation, and the former "Legislative Report," which went only to a limited mailing list during the legislative session, now will be included in the Journal for each of you. We note a growing interest among all members in legislative matters.

We welcome your suggestions and comments to further improve Michigan Medicine as we strive more effectively to serve each MSMS member, and to improve the health of the general public.



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NFORMATION FOR EADERS / CONTRIBUTORS:

ENERAL INFORMATION:

Michigan Medicine is the official rgan of the Michigan State Medical ociety, published monthly under the irection of the Publication Committee. copy is sent to each member of the ociety.

Notice of change of address should e sent promptly to the Michigan tate Medical Society, P.O. Box 152, ast Lansing, Michigan.

Members are invited to submit to he Journal any suggestions for the elfare of the Society, as well as comments or criticisms of any material in he Journal. All such communications hould be directed to the Publication Committee of the Journal. The Publication Committee reserves the right to publish, reject, edit, or abbreviate all communications submitted to it.

ADVICE TO AUTHORS:

1. Address scientific manuscripts to Editor, Michigan Medicine, C. J. Tupper, M.D., 2490 Adare, Ann Arbor, Michigan.

2. Submit original, double-spaced, typewritten copy and one carbon copy on letter size (8½ x 11 inch) paper.

3. On page one, include title, authors, degrees, academic titles, and any institutional or other credits.

4. Authors are responsible for all statements, methods, and conclusions. These may or may not be in harmony with the views of the Editorial Staff. It is hoped that authors may have as wide latitude as space available and general policy will permit. The Publication Committee expressly reserves the right to alter or reject any manuscript, or any contribution, whether solicited or not.

5. Illustrations should be submitted in the form of glossy prints or original sketches from which cuts, or plates, will be made by the Journal. The Journal will pay the first $25 of the engraving bill, and the author shall pay the balance. An estimate of the cost will be submitted to authors before cuts are ordered.

6. References will ordinarily be limited to seven in number. Exceptions may occasionally be made.

7. Contributors will be notified as soon as practicable if a manuscript is accepted for publication. Unused manuscripts will be returned. Every care will be taken with the submitted material but the Journal will not hold itself responsible for loss or damage to manuscripts.

8. Articles should ordinarily be less than four printed pages in length (3000 words).

9. References should conform to *Cumulative Index Medicus*, including, in order: Author, title, journal, volume number, page, and year. Book references should include editors, edition, publisher, and place of publication, as well.

10. Specify address to which galley proof should be sent. Proofs will be mailed to authors for correction before publication and should be returned to the editor in 48 hours. If proofs approved by the author are not received by the editor prior to deadline, publication of the article will be cancelled for that issue.

11. The editors welcome, and will consider for publication, letters containing information of interest to Michigan physicians, or presenting constructive comment on current controversial issues. News items and notes are welcome.

12. It is understood that material is submitted for exclusive publication in Michigan Medicine.

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NEWS BRIEFS

The new mayor of Cheboygan is **Carl Rauch M.D.**, who also is beginning his second two-year term on the city council.

The Greenville Daily News recently printed a warm feature story about **Charles Stevens, M.D.**, who serves as mayor of Greenville. He started his practice in Stanton and has been in Greenville since 1956.

Three Marquette doctors are part of a study group considering the community-school approach, which is so successful at Flint. Meeting with the group are **James Carter, M.D., Norman Matthews, M.D.**, and **K. Charles Wright, M.D.**

The important role of the family physician in marriage counseling was discussed by **William Kirtland, Jr., M.D.**, Roseville, at the recent Detroit workshop of the Michigan Interprofessional Association on Marriage, Divorce and Family.

Winthrop N. Davey, M.D., professor of internal medicine at the University of Michigan Medical School, is the new president-elect of the American Thoracic Society, elected at the annual meeting in New York. The new president of the society is **William S. Schwartz, M.D.**, Oteen, N. C., **Paul T. Chapman, M.D.**, Detroit, is the secretary-treasurer.

Arthur M. Clark, M.D., Dearborn, recently obtained his law degree through extension courses at the University of LaSalle.

James Sanderson, M.D., Cadillac, discussed "Chronic Cough—Shortness of Breath" on a program over WWTV and WWUP-TV during a Michigan Health Council program.

One of five women recently cited at the White House by Mrs. Lyndon B. Johnson for "outstanding achievement" was **Ethel Calhoun, M.D.**, of Birmingham. She is the director of the Sister Elizabeth Kenny Foundation rehabilitation center at Pontiac General Hospital.

The new director of the Bay County Health Department and Medical Facility is **Neal R. Moore,** D., who has practiced in Bay City since 1931. s father, G. W. Moore, M.D., was Bay City health icer from 1920 to 1946.

Richard J. Bing, M.D., Detroit, was a member of e American team of specialists who went to Europe May to demonstrate new methods of treating heart ease in several countries there.

More than 225 colleagues, friends and relatives cently honored **John R. Ware, M.D.**, Port Huron, a community testimonial dinner. He began his actice there in 1930.

A speaker at the Plymouth YMCA sex education ogram was **David B. McCubbrey, M.D.**, of Ply- outh.

Donald M. Harris, director of the Branch-Hills- le District Health Department for 12 years, will rt his residency at Northville State Hospital on ly 1.

The First Friday Club of Saginaw Valley recently ard a discussion on "Medical Ethics and the Ro- an Catholic Church" by **James T. Keyes, M.D.**, y City.

Serving as a member of a new Drug Research ard under the Division of Medical Sciences of the ational Academy of Sciences, National Research ouncil is **Jerome Conn, M.D.**, Ann Arbor.

Steps to be taken to reduce the disability and death te of heart, cancer and stroke victims are being nsidered by the new "National Health Commis- on," which includes **John Stirling Meyer, M.D.**, irmingham. Doctor Meyer was appointed by Pres- lent Lyndon B. Johnson.

Chairman-Elect of the Ingham County Chapter f the National Foundation is **George H. Agate, I.D.**, Lansing.

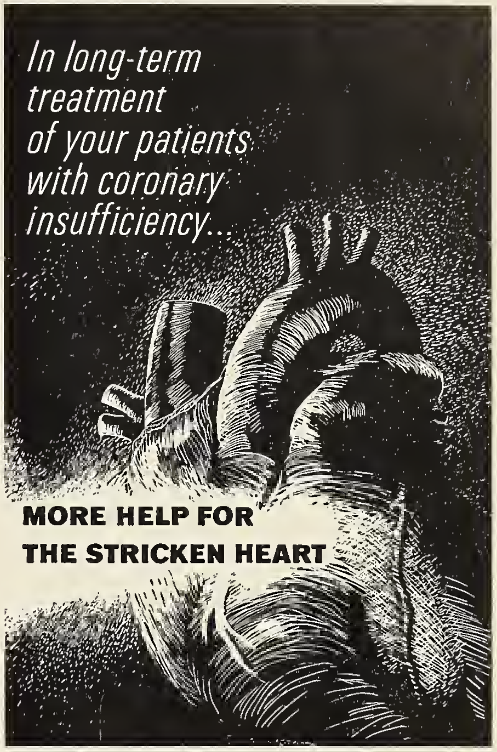
William G. O'Driscoll, M.D., Grand Rapids, will e the official American Medical Association repre- entative to the Annual Meeting of the British Med- cal Association in Manchester, England, July 20-24.

For more than 20 years on the Association's oard, **G. Rex Bullen, M.D.**, was honored by the ackson County Tuberculosis Association at its an- ual meeting. He has maintained effective liaison etween the Association and the Jackson County Medical Society.

One of the 17 physicians honored recently by the hio State University College of Medicine for 50 ears of practice was **C. D. Barrett, M.D.**, Monroe. He has been in public health work in Ohio and Michigan for 48 years.

The new director of medical education for Hurley Hospital, Flint, is **Ramon R. Joseph, M.D.**, who formerly was an instructor at the U-M School of Medicine. He succeeds R. Roderic Abbott, M.D., now in private practice.

Speakers at the annual meeting of the Adult Education Association of Michigan included **R. E. Rowe**,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M.D., Port Huron, who discussed problems of the aging and resources for meeting them.

A talk about "Granny's Herbs and the Witch-Doctor" was given by **C. Howard Ross, M.D.**, Ann Arbor, at the Olivet Bulb and Blossom Club.

Vice president for the recent respiratory disease symptom alert in Wayne County was **Max L. Lichter, M.D.**, Melvindale. The education effort continued from May 1 to June 15.

Wolf W. Zuelzer, M.D., Pleasant Ridge, spoke to the Wayne County Pathology Society on "Perspectives in Leukemia Research" in May.

Herbert L. Hazledine, M.D., Port Huron served as a member of the Committee to Study Dropouts in the Port Huron Area Schools.

An unrestricted grant of $5,000 for medical research has been presented by Wyeth Laboratories to **J. Robert Willson, M.D.**, Ann Arbor.

Edward R. Annis, M.D., president of AMA and a native of Detroit, was cited recently by Marquette University as the "Alumnus of the Year."

Two MSMS members addressed the Michigan Industrial Nurses Conference at Michigan State University—**Bert Brooks, M.D.**, Kalamazoo, about "Safe Use of New Drugs in Industry" and **Alexander Hirschfeld, M.D.**, Detroit, about "The Industrial Nurse Looks at the Accident that Hasn't Happened."

WSU Grads Choose 12 Cities In Michigan for Internships

Members of the 1964 graduating class of Wayne State University School of Medicine have decided to intern at Detroit, Ann Arbor, Pontiac, Grand Rapids, Grosse Pointe, Flint, Muskegon, Eloise, Kalamazoo, Dearborn, Royal Oak and Highland Park. Sixty-seven of the graduates have decided to remain in Michigan for their internship training. (Eighty-three of the University of Michigan graduating seniors also will remain in Michigan—see May issue for the news article.)

The report from WSU reveals also that 41 men and three women will intern outside of Michigan, with 18 men going to California.

Thirty-five will remain in Detroit for internships, with 10 going to Pontiac, three each to Grand Rapids, Grosse Pointe, Kalamazoo and Dearborn, two each to Flint, Muskegon, Eloise and Royal Oak, and one each to Ann Arbor and Highland Park.

Son of C. J. Lundy, M.D., Dies

C. Bradford Lundy, M.D., who died in Detroit, May 12, 1964, was the son of C. J. Lundy, M.D., who was chosen as MSMS President-Elect in 1893 but died before taking office.

Doctor Lundy was a graduate of Michigan State Medical Society and the Detroit College of Medicine. A Navy veteran of World War I, Doctor Lundy retired in 1956. He long had been active in Boy Scout work.

Doctor Lundy was a brother of Mrs. Grace Lundy Drolett of Lansing.

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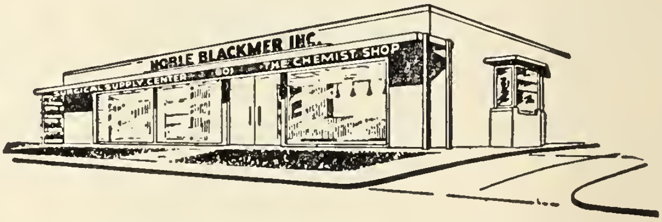

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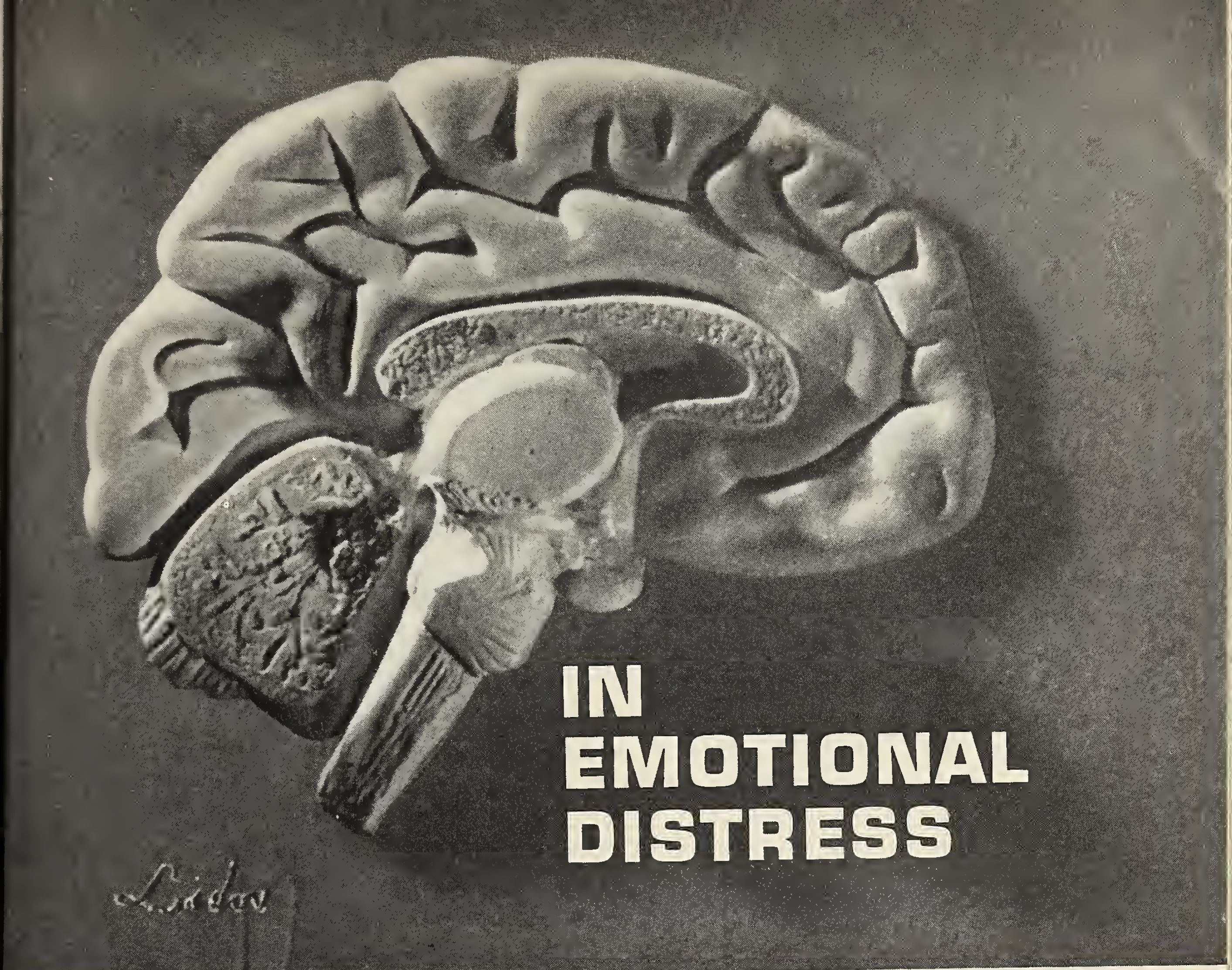

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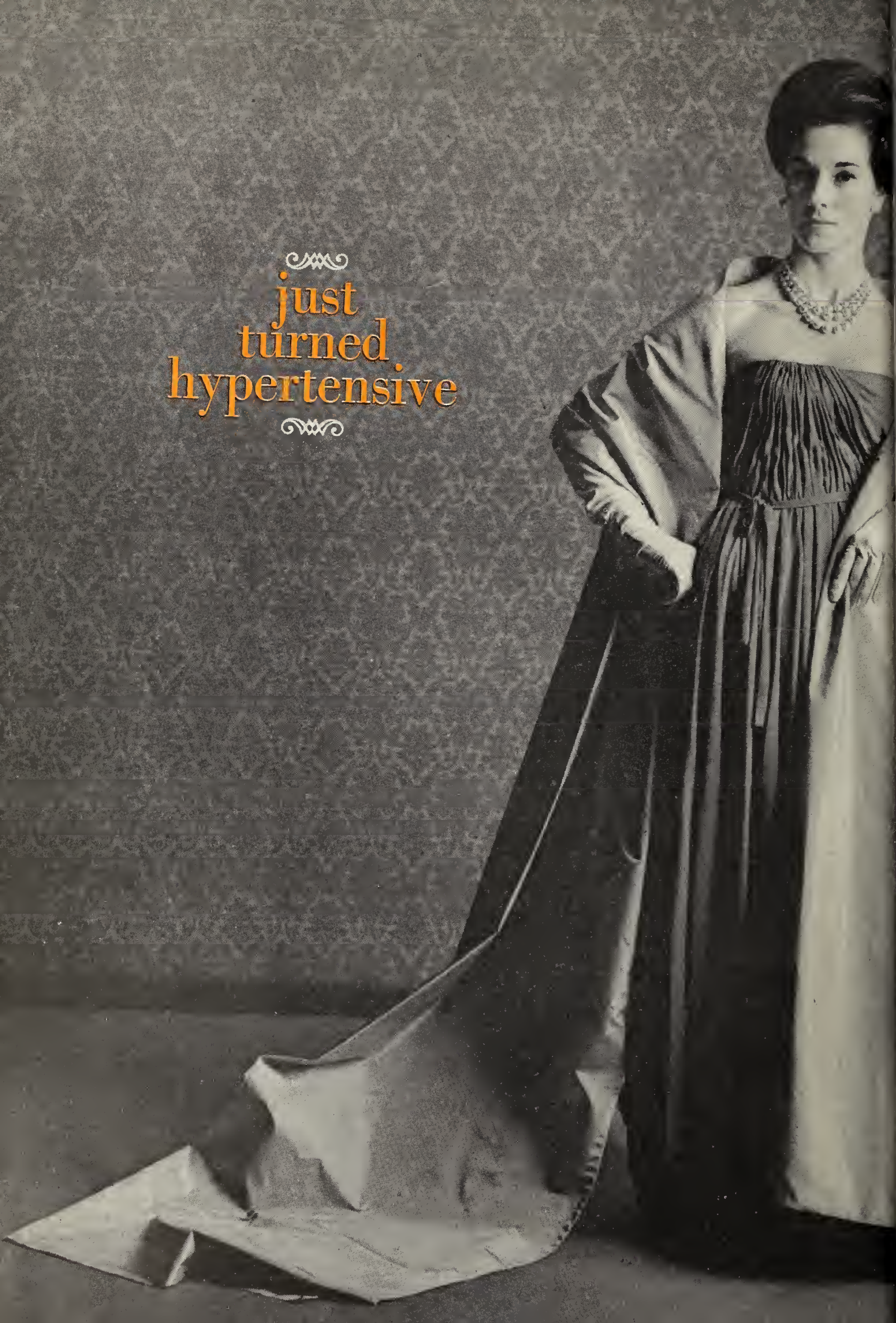
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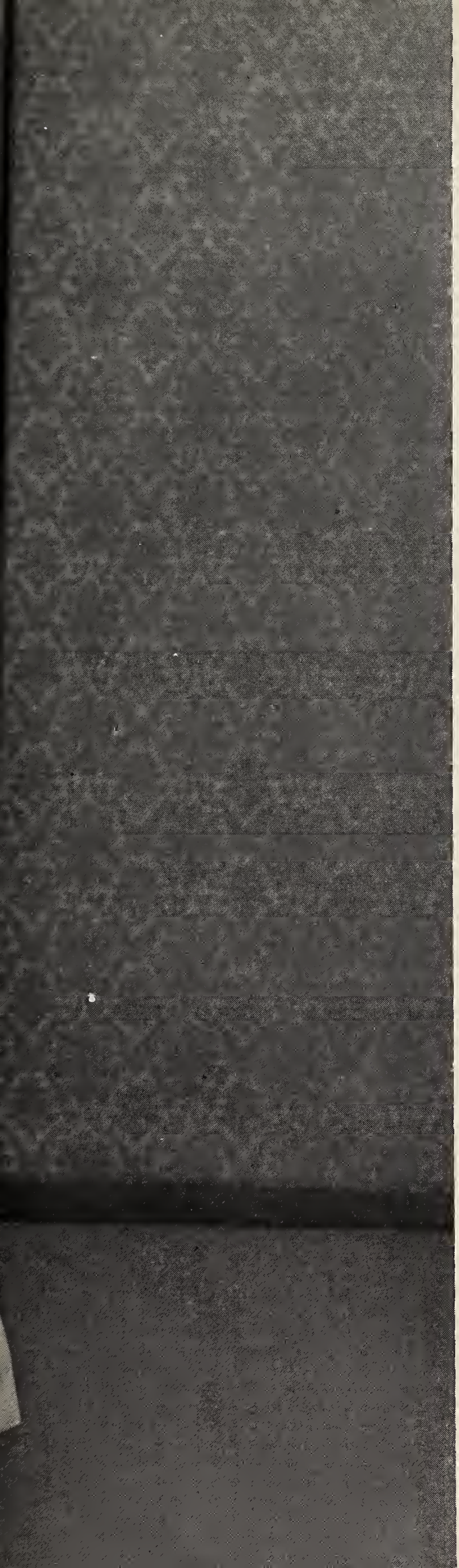

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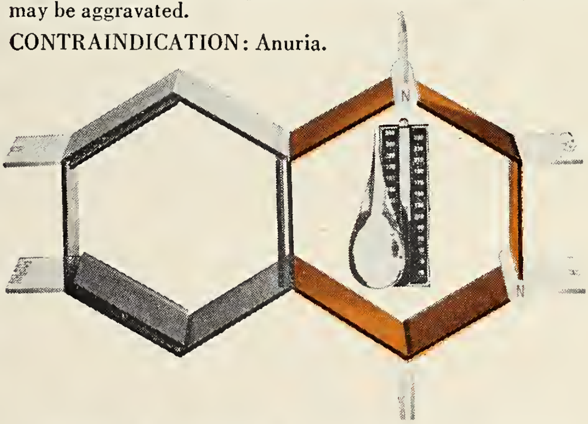

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SCIENTIFIC PAPERS

THE UNIVERSITY AND THE MEDICAL CENTER

BY ERNEST GARDNER, M.D., DETROIT

I welcome this opportunity to discuss Wayne State University and the Medical Center and to ndicate some of the reasons for their development. One might well ask what a medical center is and why one is necessary for a modern medical school.

A medical center is a complex of resources for teaching, research, patient care, and community service. Here in Detroit, the center which is being developed involves Wayne State University, private hospitals such as Grace, Harper, Woman's, Children's and the Rehabilitation Institute, community and governmental agencies, and private industry, with the expert and invaluable aid of Crane and Gorwic in the general planning and supervision.

I must emphasize that the University, not just the medical school, is involved, and that the center includes much more than the University. Nevertheless, the key to a successful center is the University. Before its role can be defined, however, the important categories of all aspects of health care should be outlined. The functions of the University in health programs can then be clarified.

These categories of health care are:

1. *Living Standards.*—The striking improvement in health during the past century owes much to improvement in standards of living, for example, in housing, education, and nutrition. These in turn are due as much to the efforts of the citizenry in general and to the advances in agriculture as they are to medicine.

2. *Prevention of Disease.*—The dramatic elimination of plagues in this country and the remarkable prevention of infectious diseases need no documenting. These advances have resulted chiefly from the efforts of health agencies. The private physician also has an important role insofar as he handles the immunization, diet, and hygiene of his patients. Indeed, pediatricians have succeeded so well in this aspect that they are perhaps the busiest and the most poorly paid of practitioners.

3. *Diagnosis and Treatment.*—This is the responsibility of the physician whether in private practice or full time on a hospital staff. The advances in diagnosis and treatment have come

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Doctor Gardner is Dean, Wayne State University Medical School.

"Training is instruction in techniques, but education involves teaching the student how to deal with problems not yet identified by methods not yet discovered."

chiefly from the education and research carried out by universities.

4. *Rehabilitation.*—This necessary sequel to most illness and disability is the primary responsibility of private and government agencies, especially in the case of patients with little or no income. Both the need and the cost are enormous, especially in neurological and psychiatric disorders. The private physician has a key role in initiating rehabilitation and in giving support, wherever possible, to the agencies and institutions concerned.

5. *Plans and Planning.*—The cost and complexity of modern medicine, the serious shortages of physicians, nurses, therapists, and technicians, require that the utmost attention and careful study be given to the various plans for meeting health needs. In recent decades, striking progress has been made in developing insurance plans and methods of practice designed to provide and pay for a high level of medical care.

6. *Education and Research.*—Although this category includes the education of the public, it refers chiefly to the functions of universities, including not only the medical schools, but also the paramedical or ancillary professions, for example, psychology, social work, occupational therapy, physical therapy, and medical technology.

* * *

A UNIVERSITY BY tradition is concerned with past, present and future, but the categories listed above, such as living standards and prevention of disease, are concerned chiefly with the current practice of medicine. In keeping with university tradition, a medical school must prepare students for tomorrow's medicine as well as for today's. No one knows what advances will have been made ten years from now, what new diagnostic methods will be available, what new drugs will be used, what new surgical techniques will have been developed.

Students today are sent forth into a world in which complexity succeeds complexity with such speed that few of the prescriptions written today could have been prescribed 10 years ago. Training is instruction in technique, but education involves teaching the student how to deal with problems not yet identified by methods not ye discovered.

It has been evident for many years that more physicians and many more of the ancillary personnel must be educated in order to serve the health needs of the increasing population. Among the recommendations of the 1963 Report of the Committee of the Michigan Coordinating Council for Public Higher Education, which considered medical education, was the following: that the entering class of medical students at Wayne be increased from 125 to 200. This increase will add the equivalent of another medical school in Michigan.

The Medical Center makes this increase possible, provided, of course, that the necessary funds are made available. It will also make it possible to develop new programs, to expand postgraduate education, and to carry out concurrent programs in the ancillary professions. Let me outline briefly some of the activities.

* * *

THE TEACHING to be carried out in the medical center includes undergraduate medical students, interns and residents, postdoctoral fellows, and practicing physicians. Indeed, the number of students will be so great that hospitals and institutions outside of the medical center will also be used. Teaching in the center also includes those students working for the Master's degree or the Doctor of Philosophy degree, and who are a significant source of faculty. Finally, the medical school will have direct responsibility for many aspects of teaching and training in the ancillary professions and certain technical areas. It must be emphasized over and over that modern, comprehensive health care involves much more than the physician and that educational institutions concerned with health teach many more kinds of students than medical students.

Research in the center ranges from basic biological studies on the one hand to applied clinical and technological studies on the other, and includes sociological and economic research.

Patient care requires carefully planned and designed inpatient and outpatient facilities, both private and public, with additional specialized facilities for certain kinds of clinical care and research. The community services should include emergency units, centers for acute alcoholism and narcotic addiction, acute psychiatry, special units for infectious diseases, and special geriatric units.

* * *

IT IS CLEAR that the complex and expensive nature of modern medical education and research requires coordination in the form of a center in which the University and not just the medical school takes part. A solid relationship between biology and medicine must be developed, and the participation of nursing, occupational therapy, physical therapy, social work, sociology, anthropology, psychology, and education are vitally necessary. The medical school must take the lead in seeing to the proper interaction of all of these important facets.

The passage of the Aid to Medical Education Bill by the Congress in 1963 made it possible to begin planning for many parts of the center in terms of specific buildings and deadlines. This bill provides Federal money to match local funds for construction of new schools and expansion of existing schools. The bill was designed to stimulate expansion of medical education. It has succeeded beyond all expectations, in that more funds have been requested than are currently available.

* * *

LEAVING FOR THE moment the plans of private and public hospitals in the center, the University has built in the center the Medical Research Building, which will be finished and occupied in 1964, and it plans the following additional buildings:

1. A Basic Medical Science Building, for teaching and research, at a cost of about 16½ million.

It is a reasonable expectation that this part of the program will progress so that the first increase in class size will be about 1968.

2. A library, at a cost of about 2 million.

3. An outpatient building, at a cost of about 10 million.

4. A central vivarium, at a cost of about 4 million.

5. An auditorium, at a cost of about 1½ million.

6. Other buildings are also planned, including research buildings and institutes, central records and storage, data processing, and parking.

These buildings will not supply everything needed for teaching. Of critical importance are the inpatient units for clinical teaching. Just as physicians in private practice are a most important part of our teaching faculty, so the private hospitals in the medical center are a most important part of clinical teaching facilities. These hospitals, together with other hospitals and with new ones to be built, will be used in the teaching, training, research and service programs.

**" . . . the first increase
in class size will
be about 1968."**

* * *

THERE IS NO DOUBT that the task of bringing together the University, the hospitals, the community, and private industry to form this medical center is a most complex and difficult one. The fact that it is difficult and complex makes the job an exciting and challenging one. I have no doubt that this can be and will be one of the finest medical centers in the world.

Assuming that the development of the medical center proceeds as planned, it might be of some interest to predict what will be the trends and problems occupying our attention 10 years from now, leaving aside the everyday problems of finding more money, staff, and space.

1. *The Changing Nature of Medicine and Research.*—These are too unpredictable to chance prophesying. However, I would like to make one comment. Biology, and medicine is a form of human biology, will be undergoing an expansion similar to that enjoyed by physics and chemistry during the past few decades. I hope that this expansion will include much more attention to what might be called environmental biology, that is, the relationship of an individual to his environment, including other individuals. This is in contrast to the biology which studies the inward aspects of an individual and aims at deciphering the secrets of the living cell.

2. *The Type of Professional Student.*—In recent years, biologists, chemists, physicists, and mathematicians of university faculties have written textbooks and designed curricula for elementary and high schools. Modern concepts are introduced in an exciting and challenging way. I am sure that students who have the opportunity to use these new things will enter college much better prepared and intellectually more mature. Some will go on to medical school, and the faculty must be prepared to adapt its teaching so as to be able to cope with these students.

3. *More Intensive Research in Education.*—Few faculties are more concerned with methods

of teaching and few devote more time to it than do teachers of medicine. Nearly all are concerned that students graduating from medical school be prepared to strike off in any direction, including the unknown. We have not yet reached the utopia, and all of us will be heavily involved in studying ways of improving medical education.

4. *The Continuous Nature of Medical Education.*—Medical education will be even more of a continuous program, from the beginning of medical school throughout the life of a practicing physician. It is impossible, in four years of medical school, to teach all that a physician should know. The education and training during internship and residency will be a direct continuation of medical school, whether in association with a medical school or in a non-affiliated hospital. Continuing medical education will have expanded greatly, and the medical school will be involved with the educational programs of hospitals throughout the state.

5. *Foreign Medical Students.*—Every medical school, like every university, will be greatly concerned with the education and training of foreign medical students and graduates, here and abroad. The extent of this involvement is indicated by the fact that the Association of American Medical Colleges has seriously considered recommending that a medical school for foreign students be established in the United States. We shall be faced with the necessity of reconsidering our present methods. Too often we train someone in a modern medical center and expect him to return to an underdeveloped country with few of the facilities he had here. We must consider not only economics, but also religion, philosophy, and culture. These aspects, which are often unknown or are not understood or are misunderstood, have a profound influence on the learning and practice of medicine. Finally, we shall be much more heavily and directly involved in the setting up of teaching, training, and practice in foreign countries.

* * *

IN THIS BRIEF DISCUSSION, I have tried to make clear the complex nature of modern medical education and that a first-rate program requires a University, not just a medical school, working in cooperation with the private physician and with public and private hospitals and agencies. The medical center that is being developed provides a magnificent opportunity to serve the needs of the community, the state and the country. I have no illusions that the problems of development will have easy solutions, but at the same time I am confident that with the talents in the University and the community, we shall be successful.

Profile of "Typical" Young Physician

A recent survey conducted by the Student American Medical Association, under a grant from Merck, Sharp & Dohme, Inc., provides this interesting profile of the "typical' young physician:

1. He chose medicine as a career because of the humanitarian aspects of the work.

2. He was influenced by others in making his choice—primarily his family, with other physicians, including his family doctor, a close second.

3. Few people have counseled him against a medical career.

4. It's a 50-50 chance he considered dropping medicine during pre-med training.

5. He believes the burden for recruiting new people to medicine rests primarily with the individual physician.

6. He feels that the major deterrents to the study of medicine are the time, effort and amount of study necessary, with financial burdens of secondary consideration.

7. He would encourage others to choose medicine as a career, and would make the same choice again himself.

—*Illinois State Medical Society Journal*

Child Psychiatry

The development of child psychiatry as a medical specialty calls attention to the unique emotional life of children. Although an objective understanding has come slowly we now have a body of knowledge about normal and abnormal mental functioning in children. The relationship of children's emotional disturbances to family life, to maternal deprivation, to minimal brain injury, to school life, to mental retardation and social conditions has been demonstrated. In his work the child psychiatrist collaborates with other professional disciplines and is drawn close to community life. The child psychiatrist's interest in the direct treatment of the child and in constructively influencing the youngster's environment leads to emphasis on the family as the focus of treatment.

AN INTRODUCTION

BY JACK C. WESTMAN, M.D., ANN ARBOR

When the first certificates in child psychiatry were issued by the American Board of Psychiatry and Neurology in 1959, one more milestone was marked in society's long and arduous progress toward recognizing childhood as a unique period of life. Today there are some 300 board certified child psychiatrists in the nation. Although the number of fully qualified child psychiatrists is small, it may be well to sketch the origins, capabilities, limitations and prospects of this specialty.

The basic idea that a child is something other than a miniature adult appeared quite recently in the history of medical thought.[4,7,8] In this matter the physician lagged somewhat behind the lawyer, the philosopher and the teacher.

The magistrates of twelfth century England sensed children's uniqueness when they held that a child was incapable of criminal intent if under the age of seven. In the eighteenth century, Rousseau declared that the child's nature was basically good and worthy of expression. And Froebel recognized the special needs of the child by developing the kindergarten movement in Germany during the first half of the nineteenth century.

But adults traditionally have found it difficult to be objective about the rising generation which poses many irritations and threats. We have emerged from a period of inhumane and oppressive domination of children by adults. Remnants of this attitude persist to the present time, but in the over-all picture, the pendulum has swung to the opposite extreme. Some of the past restrictiveness was based on fear of children's unbridled tyranny, signs of which appear in some quarters of present-day society. The historical swing between extreme attitudes toward children is repeated today in that many adults advocate either more strictness or more permissiveness in the matter of discipline. Suffice it to say that adults often have strong feelings which have hampered the study of children.

* * *

THE EARLY ROOTS of child psychiatry may be traced to 1800 when Itard, through his work with the Wild Boy of Aveyron, demonstrated that mentally defective children could be trained. Textbooks during that period referred to insanity of childhood as a rare condition resulting from degeneration of the brain, heredity or excessive masturbation.

Subsequent developments came slowly. A century later psychiatrists had gained enough understanding to urge establishing the juvenile court system and to recognize child offenders as individuals with special circumstances leading to their criminal behavior, rather than as insidious young adults deserving the vengeance of an outraged society.

The momentum increased at the turn of the 20th century. Binet developed tests for evaluating intelligence. Freud traced the roots of

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adult neurosis back to childhood, and Jacobi furthered the recognition of pediatrics as an area of specialization.

By the 1920s, child guidance clinics brought together psychiatry, social work and psychology as communities began to grapple with the problems of troubled children. Textbooks on child psychiatry appeared: Tramer's German Text introduced the term child psychiatry in the early 1930s and Kanner's *Child Psychiatry* appeared in this country in 1935.

The first chair of child psychiatry was established under the influence of Adolph Meyer at Johns Hopkins University in 1930 for Kanner, and formal recognition of the specialty was accorded by the American Board of Psychiatry and Neurology in 1959.[1] The Board's criteria for eligibility include two years of training in adult psychiatry beyond internship, followed by two years of training and two years of practice in child psychiatry.

CHILDHOOD: THE CRITICAL PERIOD FOR PERSONALITY DEVELOPMENT

Luckily for mankind, children have an overwhelming tendency toward sound emotional health. Nevertheless, experiences of early life may have unfavorable later repercussions. For the most part, potent events and consistent misunderstanding on the part of parents are required to produce an emotionally disturbed child. Most traumatic experiences in childhood show their influence in adulthood when overt neurotic symptoms appear. Their effects during childhood are less obvious. Gross emotional disturbance in a child is usually more serious than a similar problem appearing in adult life. The earlier the breakdown, the more malignant is the illness.

There is a popular view that the dividing line between the psychotic and the genius is very thin indeed. Psychiatry often finds itself in agreement. Descriptions of Albert Einstein as a child coincide with accepted criteria for the diagnosis of psychosis. Many normal children have marked adjustment problems. Yet follow-up studies[3,9] show that untreated disturbances of childhood can lead to adult mental disorder. As yet undefined "circumstances" determine whether the child who stands apart from his fellows later becomes a mental patient or a talented genius.

The attainment of emotional health, without squelching potential talent, occurs in a home governed by reasonably mature parents who recognize the child's unique needs for self-expression and, at the same time, provide him with intelligent rules and guidance. The homes of children who find their way to psychiatric clinics are not run by reasonable adults. Some parents make exorbitant demands upon their children, some involve their children in a complicated web of their own neuroses and others abdicate their authority to their children.

At the risk of over-simplification, we might note some guideposts along the road to mental health:

Age 0-1.—Complete gratification of the child's needs helps establish a good feeling toward the world as a foundation for later life.

Age 2-3.—The child begins to learn how to tolerate frustration and accept limitation of his own wishes. Negativism and temper tantrums are an expected part of this process.

Age 3-6.—He comes to grips with feelings about parents and siblings. Unreasonable fears and extremes of love and hostility toward parents are expressed.

Age 7-12.—He develops skills and finds a place in the larger world, often swinging a little too far toward over-conscientiousness or naughtiness.

Adolescence.—Stormy fluctuations in mood appear as he reluctantly leaves childhood and enters the adult world. Alteration between the extremes of idealism and disgust with the world are part of this transition.

CONCEPTS OF CHILD PSYCHIATRY

Despite its comparatively short professional history, child psychiatry has accumulated a body of facts, guides and concepts which help detect and treat problems arising in the growth of individual personality.[2,5]

One basic concept is that the child's attitude toward himself inevitably reflects the feelings his parents express toward him as a spiritual and physical being. The psychiatrist seeks clues to these attitudes through study of feeding practices, cleanliness routines, toilet training and the like. The parents' feelings toward the child's body and its functions shape his basic attitudes toward himself. There is a universal tendency for the child to model himself after his parents' *behavior*, rather than their *teachings*, so the diagnostician must probe far beneath superficial appearances to glimpse the crucial parts of family life.

This interplay between parents and children may produce the *emissary phenomenon* in which the child who is presented for treatment turns out to be merely a "symptom" of a more serious problem elsewhere in the family.

Another significant clinical phenomenon is *maternal deprivation*: retarded, emotional, social and physical development is often found in children deprived of a mothering figure—particularly during the latter two-thirds of the first year of life. This concept and its ramifications has served to encourage early adoption and placement of infants in intact homes.

Psychiatrists were long baffled by a group of children who had difficulty in perceiving the world. Their secondary behavioral and emotional reactions indicated—but for no clear cut reason—some basic problem in learning. It has since been recognized that *minimal brain injury* is present in these children without a known history of brain damage or cerebral infection. This finding has stimulated more intensive study of pregnancy and birth, especially the traumatic nature of labor, anesthesia and other factors producing relative anoxia.

The syndrome of *school phobia* has been identified with its characteristic history, clinical findings and course. Typically, the patient refuses to attend school because of a variety of factitious somatic complaints and fears. The core of the syndrome is the mother and child's reluctance to separate from each other. Most cases respond favorably to coordinated effort of the physician, school and family to return the child to the classroom as soon as possible with subsequent exploration of the underlying causes.

Pseudo-feeblemindedness has been closely studied by child psychiatrists leading to a deeper understanding of the contribution of social and psychological factors to the problem of mental retardation. Significant increases in I.Q. are commonplace when psychiatric resources are brought to bear on the mentally retarded population.

Neurotic *learning inhibitions* play an important role in the large group of children who underachieve in school. The fact that some children "need" to fail, a common finding among patients reaching the child psychiatrist, has shed light on many puzzling school problems.

Current approaches to juvenile delinquency bear the imprint of the psychiatrist's emphasis on the *individual delinquent* as opposed to lumping all delinquents together as a uniform social problem. Many youngsters from respectable homes break the law as a means of expressing deep-seated emotional conflicts or hidden family disorder.

THE FUTURE OF CHILD PSYCHIATRY

The practice of child psychiatry reflects the shift of the psychiatrist from the isolated hospital or consulting room to the community. Improvement in most emotionally disturbed children is dependent on constructive change in the home and school in addition to direct therapy with the child. The child psychiatrist's effectiveness is, therefore, increased through collaboration with social workers and psychologists. There is a growing tendency to employ the child psychiatrist in consultation with a concert of community agencies and other specialists: physicians, social workers, psychologists, lawyers, vocational guidance counselors, courts, welfare agencies, public schools, and nursery schools.[6] This trend may ameliorate the shortage of trained child psychiatrists by improving the skills of other professionals working with children.

While psychiatric hospitals for children have sprung up about the country, most residential treatment will probably continue to be conducted in non-medical institutions supported by religious, charitable and private groups. The first in-patient psychiatric unit for children was established at Bellevue Hospital in New York City in 1921. The first children's psychiatric hospital in a university medical setting was opened at the University of Michigan in 1955.

A significant recent development is day treatment for children. This offers the quality of care customarily found in hospitals, and the added benefit of keeping the youngster in touch with his community and family environment, at considerably less cost. Such day treatment centers can be established in hospitals, child guidance clinics, mental hygiene centers and in the public schools.

The future also promises a shift in social attitudes toward children. Hopefully, there will be a more realistic understanding of the differences between the worlds of the child and the adult. In addition there will be a greater appreciation of the rights of children. In this connection, we may expect a more candid appraisal of home fitness. Many of today's homes specialize in turning out emotionally disturbed children and delinquents. Since there may be no demonstrable *physical* neglect, the youngsters cannot be removed from these homes under existing legal practices. However, as the future brings us a more clear cut definition of *emotional* neglect, we should expect to develop more effective forms of relief for parents and children from homes that are pathogenic for both. In many states the fates of children are determined piecemeal in both circuit and juvenile courts. The practice of family law in consolidated family courts would reduce the fragmentation of the family in important legal actions.

For a youthful specialty it seems inappropriate to raise the question of changing its name. Yet the emphasis placed upon the family in the diagnosis, treatment and prevention of emotional disorders in children leads the child psychiatrist to practice more as a *family* psychiatrist. His raison d'etre, however, is for troubled children, and it is likely that the label *child* psychiatrist will remain.

(References on Page 495)

BY WILLIAM W. COON, M.D., ANN ARBOR

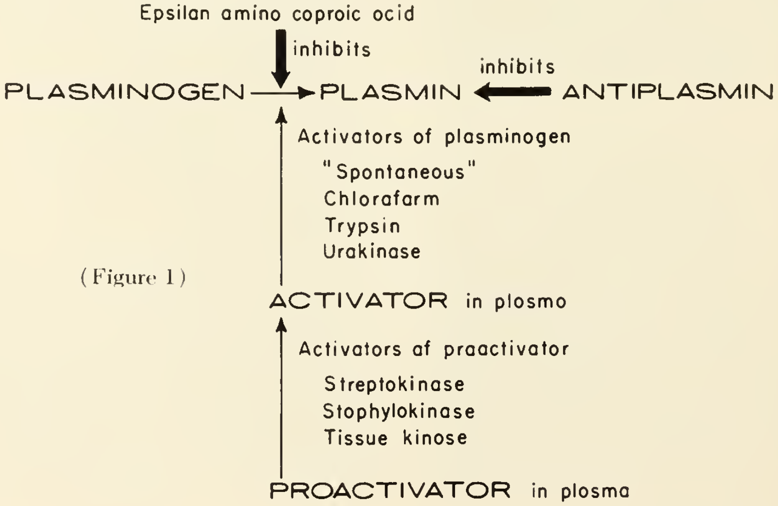
Some Considerations In the Systemic Use Of Fibrinolytic Agents

The normal homeostatic mechanism for the disposal of intravascular thrombi involves the activation of a precursor of a fibrinolytic enzyme circulating in human plasma. This process is an important contributor to the re-establishment of blood flow in vessels injured by accidental trauma, operative procedures or disease.

In the past few years, considerable interest has developed in the potential use of one or more components of this enzyme system as therapeutic agents for the treatment of thromboembolic disease. A valid statistical assessment of the utility of this approach has not yet been made.

Our knowledge of variables influencing lysis of intravascular thrombi is still limited. Until more information is obtained concerning the clinical pharmacology of fibrinolytic agents, no true appraisal of their therapeutic value can be made. As prior studies of other agents have shown, ten or more years pass before the initially over-enthusiastic estimates of a drug's usefulness are tempered by accurate and adequate clinical experience.

A scheme outlining the more important components of the fibrinolytic enzyme system and agents affecting its activity is presented in Figure 1. Plasminogen and antiplasmin are normally present in circulating plasma; proactivator is pre-


Epsilon amino caproic acid
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ANTIPLASMIN
Activators of plasminogen
"Spontaneous"
Chloroform
Trypsin
Urokinase
ACTIVATOR in plasma
Activators of proactivator
Streptokinase
Staphylokinase
Tissue kinase
PROACTIVATOR in plasma

(Figure 1)

From the Department of Surgery, University of Michigan, Ann Arbor.

The research upon which some of the opinions expressed in this article are based has been supported by the Michigan Heart Association and the Parke-Davis Surgical Research Fund. John A. Penner, M.D., P. W. Willis, III, M.D., and A. J. Zweifler, M.D. (as members of our Anticoagulant Unit) have participated in various phases of the experimental evaluation of these agents.

umably present also but this has not yet been proven.

The nature, source and physiological mechanism of activation of plasminogen activator are still undetermined. The physiological activation of this enzyme system probably involves the release of tissue kinase which facilitates the conversion of proactivator to activator; in turn, activator is responsible for the conversion of plasminogen to the active fibrinolytic enzyme, plasmin. Antiplasmin which is present in excess in plasma rapidly binds to and inactivates plasmin. This latter mechanism serves as a homeostatic defense against uncontrolled proteolysis. If plasmin continues to circulate in high concentration in uninhibited form, proteolytic degradation of fibrinogen and probably other plasma proteins as well may occur.

Several different approaches to the use of this enzyme system for fibrinolytic therapy are available. One may administer an agent, e.g., streptokinase or urokinase, which acts through activation of the individual's own circulating plasminogen. On the other hand, one may infuse an exogenous source of human plasmin. Frequently, both techniques are combined when combinations of streptokinase or urokinase plus exogenous human plasminogen are administered together. The optimal method of treatment or the relative merit of one technique over another has not yet been determined.

* * *

SOME OF THE controversial problems which have been debated heatedly in the past several years are summarized below:

1. Is the administration of "activator" alone a desirable form of therapy? Both pyrogenic and antigenic reactions have been associated with intravenous infusions of streptokinase. The incidence of pyrogenicity has been reduced as purity of this agent has been improved. Antigenicity is more serious, however; since severe anaphylactoid reactions have been reported, a second course of therapy is unwise.

In addition, antistreptococcal antibodies may produce rapid binding and inactivation of streptokinase, limiting its effect in inducing endogenous activation of plasminogen. The "baseline" levels of antistreptokinase vary considerably from one individual to another; induction of a fibrinolytic effect, then, is dependent upon prior determination of antibody titer and administration of a dose in excess of that necessary to bind with antibody.

Another objection to "activator" alone is that total fibrinolytic activity induced is contingent upon the amount of plasminogen circulating in the patient's blood. Once plasminogen levels have dropped to zero, no further fibrinolytic effect can be expected. Some investigators have proposed that the amounts of circulating endogenous plasminogen are adequate for lysis of thrombi. Our studies of amounts of plasmin required to lyse human thrombi *in vitro* and the monitoring of infusions of plasmin in concentrations several times greater than the total estimated to be derivable from complete activation of endogenous plasminogen make us question this premise.

Another postulate is that the major effect of "activator" is mediated through absorption of the "activator" by the intravascular thrombus with subsequent activation of plasminogen within the thrombus itself. In our studies of *in vitro* lysis of human thrombi removed at operation, "activator" alone (streptokinase) was incapable of inducing dissolution of the thrombus, either because of inadequate absorption of "activator" or, equally, if not more likely, too low a concentration of plasminogen within the thrombus.

2. Will exogenous plasmin alone produce lysis of thrombi? On the basis of our studies with a preparation of spontaneously activated human plasmin* (presumably free of "activator"), the answer is a qualified "yes." Qualifications relate to our still extremely limited knowledge concerning the time-dosage requirements for an optimal lytic effect *in vivo* and the nature of the thrombotic disease which one is treating. The very fact that as more and more articles concerning the clinical use of fibrinolytic agents appear, higher and higher doses are recommended suggests to us that selection of cases and methods of evaluation have been based more on whimsical optimism than objective criteria.

3. Should anticoagulant therapy be used in conjunction with fibrinolytic therapy? On a theoretical basis, the use of anticoagulants following successful lysis of a thrombus would appear imperative. Thrombosis results in a change in vascular intima which may persist for a period of weeks after the thrombus is removed or lysed. For this reason, re-thrombosis would be highly likely if heparin therapy were not used for a considerable period immediately following the termination of plasmin administration.

Some investigators have recommended the use of heparin concomitant with the infusion of plasmin. Since the simultaneous influence of two agents, both having an effect on the clotting mechanism, greatly increases the hazard of bleeding, we have been reluctant to administer both at the same time.

4. Are any antagonists available if exces-

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*Kindly supplied by the Michigan Department of Health for investigational use.

sive bleeding occurs during fibrinolytic therapy? Oral or intravenous administration of epsilon-aminocaproic acid will inhibit plasminogen activation. Therefore its primary usefulness will be in reversal of effects produced by administration of "activator." Although this agent may have some inhibitory effect on plasmin as well, insufficient information exists to place any reliance on this drug as an antagonist of plasmin itself. Although several protein fractions from plasma have antiplasmin activity, these isolated fractions have not yet been processed for clinical use. Platelets themselves also have definite antiplasmin effects.

Until specific antagonists to plasmin are available, management of fibrinolytic bleeding should include the administration of lyophilized fibrinogen and transfusion of whole blood.

5. Should these agents be employed as part of the routine armamentarium in the treatment of thrombotic disease? In our opinion, not yet. The potency of preparations available for routine clinical and for investigational use is highly variable from one preparation to another and yet, until very recently, each product has been assayed in a different unitage. The individual investigator has had to assay these preparations himself in order to compare potency.

Our studies which are still very preliminary suggest to us that enormous doses may be necessary for lysis of thrombi even under relatively optimal conditions. Even small doses of the commercially available preparations are quite expensive. Until more is known concerning dose, rate and route of administration, duration of therapy and selection of subjects for treatment, it is our feeling that these agents should be restricted for use in clinical investigation only.

* * *

PROBABLY THE MOST difficult problem which we face in the evaluation of fibrinolytic therapy is the establishment of objective methods for assessing whether the thrombus has been lysed and whether this form of treatment has altered the course of the disease.

Deep venous thrombosis involving the leg or pelvic veins is a very prevalent and ubiquitous condition, but it is also very difficult to recognize. Our clinicopathologic data have shown that we recognize clinically only about 10 per cent of all deep venous thromboses. Those patients in whom the diagnosis is made present with the more easily identified inflammatory manifestations of thrombosis (pain, increased heat, tenderness, et cetera) which occur only after the thrombus has been present for 48 to 72 hours or longer. Even in those with asymptomatic edema of an extremity, extensive proliferation of a "bland" thrombus must take place before venous channels are sufficiently obstructed to produce manifest edema.

Unfortunately, a number of prior studies have shown that lysis of thrombi greater than 48 to 72 hours old by fibrinolytic agents is usually incomplete if not minimal. Early recognition, then, of deep venous thrombosis susceptible to lysis by plasmin is a very serious if not insurmountable problem. The same is true, in somewhat lesser degree, for superficial venous thrombosis.

Venographic evaluation of the results of therapy is also plagued with technical problems which have often not been appreciated. Failure of filling of a venous channel may be due not only to thrombosis but to vascular spasm, to poor timing of films or to a wrong positioning of the limb. Spontaneous lysis of venous thrombi may take place or, if venography is performed late in the course of the disease, recanalization may have occurred. In addition, unless a very dilute radiographic medium is used, its irritant effects may actually induce thrombosis.

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EQUALLY DIFFICULT is the objective assessment of this therapy in massive, potentially fatal pulmonary embolism. Over half of the patients who die from pulmonary embolism succumb within fifteen minutes of onset of symptoms and signs, and many of the remainder are dead within one hour. Rapid institution of therapy and successful lysis of an embolus within this period of time seems highly unlikely. How does one assess therapeutic benefits in non-fatal pulmonary embolism? Would the performance of pre-treatment and post-treatment angiograms be justifiable and would their evaluation be valid without a simultaneous control series to assess the incidence of spontaneous dissolution or recanalization?

A similar problem exists in the utilization of fibrinolytic therapy in the treatment of coronary thrombosis, cerebral thrombosis and complete central retinal artery occlusion. Within a short period of time (usually considered to be one hour or less), irreversible tissue damage has occurred. Successful lysis of a thrombus after this period may have some beneficial effects on revascularization of the infarcted area, but immediate benefit will not be remarkable. Assessment of long-term value would require an extremely large and very well-controlled study of patients followed over many years. In addition, arterial thrombosis (in these and in peripheral vessels) is often superimposed upon extensive pre-existing atherosclerotic narrowing which fibrinolytic therapy would not alter, and if lysis of the thrombus were induced, re-thrombosis would be highly likely.

(Summary is on Page 495)

Diagnosis of Aortic Dissection, With Particular Reference To Angiography

BY THOMAS A. BRUCE, M.D., DETROIT

During the past several years our understanding of the causes and the natural course of dissection in the major vessels has undergone considerable change. Even the fundamental terminology of the past is changing with the plea to no longer speak of *aneurysm*, since the involved artery may not be visibly enlarged, but of dissecting *hematoma*.[1]

Most important of all, the management of this condition is beginning to merge from watchful neglect to active reconstruction or replacement of the diseased area. These developments have not only clarified a good deal of the clinical mystic of aortic dissection, but have resulted in a demand for earlier and more specific anatomical delineation of the abnormal area.

PATHOGENESIS

The standard mechanism of aortic dissection to be found in most textbooks is that an atheromatous plaque ruptures into the aortic lumen, allowing blood to pass through the intima and extravasate between the coats of the aorta. That this was not always the mechanism became evident when patients were found with dissection of the media which did not communicate with the lumen.

Furthermore, the intimal tear associated with dissection frequently is not located at or near atheromatous changes. Conversely, ulceration of atheromatous plaques can be seen in many instances without associated medial dissection. The accumulation of large numbers of case reports of aortic dissection in young people without significant arteriosclerosis was an even greater stimulus to find a more basic mechanism for the dissection.[2]

Pathologists have long noted an unusual amount of thinning of the aortic media in patients with dissection, and, after Erdheim, have termed the lesion "idiopathic medial necrosis." In contrast to the normal media, an elastic-collagen complex of remarkable strength, the media characteristic of idiopathic degeneration shows marked increase in thin-walled vasa vasorum, lying essentially unsupported in a loose connective tissue bed with an absolute loss of elastic fibers and smooth muscle cells. Microscopic hemorrhage can often be seen locally around these thin-walled vessels, suggesting their great vulnerability to rupture. Massive hemorrhage with subsequent medial dissection also occurs, and most of the intimal tears are from the wall into the lumen, rather than from the lumen into the wall.

Thereafter, escape of blood from the lumen into the false channel may extend the dissection, and re-entry into the lumen at the lower level may arrest the process. In the abdominal aorta primary intimal tears through an ulcerated atheromatous plaque may occasionally develop into a short area of dissection.

The major problem has been in finding the cause of the medial degenerative process. In far too many cases there has been no evidence for arteriosclerosis. Medial dissection in syphilitic aortitis, where there is also known to be degeneration of elastic forces and proliferation of the vasa vasorum, has been rare. This apparently is due to the severity of the inflammatory reaction, so that the vasa are thickened (not thinned) with an endarteritis, and are surrounded by dense fibrous tissue.

Hypertension is found in many patients with aortic dissection, but probably has no basic relationship to the medial necrosis. Rather, the

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From the Department of Medicine, Wayne State University School of Medicine, Detroit, Michigan.

high vascular pressures result in more frequent and more severe hemorrhage in the already weakened vasa vasorum.

A helpful lead came from the study of aortic dissection in young people.[2] It was noticed that there was a high incidence of vascular congenital defects, such as coarctation of the aorta, bicuspid aortic valves, arachnodactyly with dislocation of the lens (Marfan syndrome), aortic hypoplasia, patent foramen ovale, ventricular septal defect, patent ductus arteriosus, and dilatation or aneurysm of the aortic sinuses. Because of the high incidence of associated congenital defects and the occurrence of dissection in familial patterns, it seems likely that the degenerative defect is in itself a congenital abnormality. Attempts to isolate a specific connective tissue abnormality have been unsuccessful, but insight has been gained into the nature of the problem.

Most of the investigations have been based on the observation that there is alteration of the ground substance in the media. Serum mucoproteins have been found to be normal or somewhat low, and acid mucopolysaccharides are high in the Marfan syndrome. An increased excretion of hydroxyproline has also been found, suggesting that the defect involves collagen in addition to elastic tissue. Attempts to estimate gene mutation rates in these disorders have been attempted but have been extremely difficult. It is doubtful whether a specific gross chromosomal aberration exists in the Marfan syndrome.

Whether all individuals with aortic dissection (except the few short abdominal dissections which may be due to arteriosclerosis) should be considered in the Marfan group is a problem. Relatives of individuals with the typical Marfan syndrome often have atypical or "forme fruste" skeletal and ocular features of the syndrome, but maintain a high incidence of aortic dissection. There seems little other advantage in such a classification at this time, however. Medial degeneration may well not be a specific lesion, but the final common pathway of a number of connective tissue disorders. It can be produced experimentally from ingestion of sweet pea meal (lathyrium), with the toxic component most likely β-aminoproprionitrile.

Dissection has also been recorded in pseudoxanthoma elasticum and the Ehlers-Danlos syndrome, connective tissue disorders unrelated to the Marfan group. To speak of all dissections as a variant of the Marfan syndrome, moreover, would invite confusion since the features of the syndrome are well defined[3] whereas the manifestations of the dissection group are protean. As an example, congenital heart deformities have an increased incidence in dissection, but are almost unknown in the Marfan group.

Dissection may, at times, occur in arteries other than the aorta and its immediate branches. Such events are uncommon, but primary dissection has been reported in the carotid, subclavian, renal, femoral, splenic, and pulmonary arteries with pseudoaneurysmal deformities of the mitral valve and the ventricular membranous septum.

CLINICAL FEATURES

The classical aspects of aortic dissection have been reviewed in a number of excellent papers during the past few years,[1,4] and need only be summarized here. The most characteristic finding is pain, usually sudden in appearance and most often in the substernal area. Onset is usually spontaneous, although a history of unusual physical or emotional exertion is not uncommon. The pain is usually severe and unrelenting, even with narcotics; often there is radiation into the neck or, more commonly, the back. Pain may occasionally be entirely absent. Prodromal symptoms may be noticed for weeks or months in a few patients. Peripheral pulses may or may not be feeble or asymmetrical, depending on the extent and location of the dissection.

Frequently, patients complain of pain in the extremities because of vascular occlusion. Severe, nonlocalized abdominal pain may predominate, with nausea, vomiting, and an urge to defecate.

The disease may at times appear to be primarily neurological (dizziness, headache, syncope, hemiplegia, paraplegia) or even psychiatric. Spinal cord damage results from occlusion of the intercostal or lumbar arteries, producing paraplegia. That this happens only occasionally is probably due to location of the dissection along the outer portion of the arch and down the left descending aorta, so that the arteries arising on the right side (including the renal) are spared.

Many patients develop congestive heart failure and cardiomegaly. Aortic insufficiency may be found on examination, indicating that the dissection has occurred within a short distance of the aortic valve ring. An aortic systolic ejection murmur is nearly always present due to the dilatation of the ascending aorta. Pericardial friction rubs may be heard when there is leakage of blood into the pericardial space from the medial hematoma. Systolic thrills are often present over partially occluded peripheral arteries.

Hemoptysis, hematemesis, or melena may be present when there is leakage of blood into the lung or intestinal tract. Rarely, dissection of the pulmonary artery is the cause for the hemoptysis. When one or both renal arteries are involved there is often gross hematuria. Renal infarction occurs in only a fraction of the patients with renal dissection.

Hypertension is present in about half the patients, more commonly in the older group. Pregnancy has also been shown to have an increased incidence of aortic dissection. It usually occurs prior to the onset of labor, most often in the third trimester.

Because of the severe pain, with frequent dyspnea and shock, myocardial infarction is almost always suspected and may, in fact, be present if the dissection shears off one of the coronary ostia. Other common suspected diseases are spontaneous pneumothorax, pulmonary embolism, mesenteric artery thrombosis, acute pancreatitis, perforated peptic ulcer and ureteral colic.

COURSE OF THE DISEASE

The seriousness of the dissection depends on the extent and original site of the intramural hematoma. Dissections which begin in the ascending aorta commonly break through into the lumen 1 or 2 cm. above the aortic valve, or they may rupture externally with death usually resulting. The hematoma may extend only to the proximal aortic arch, or it may surround the entire aorta, crescent shaped, to the iliac bifurcation and beyond. Dissections beginning in the descending aorta may also be localized to a small portion.

In their review of 425 cases, mostly of the older group, Hirsh and associates[4] found that 3 per cent of deaths occurred immediately, another 18 per cent within the first 24 hours, and still another 16 per cent by the end of the second day. On the fifth day less than half of the patients were living. At one month, 20 per cent were still alive, and at one year only 7 per cent were alive. These figures include dissection at all sites with no surgical intervention.

By far the main cause (89 per cent) of death within the first two weeks was erosion of the dissecting hematoma outside the aorta. The pericardium, pleura, mediastinum, and abdomen were involved, in that order. More than half of the causes of late death were for the same reason, and cardiac failure accounted for about one-third of late deaths. Those patients with aortic dissection arising below the left subclavian artery, however, had a three times better chance of surviving for six weeks than those with dissection in the ascending and arch portions.

The objective of surgical intervention in aortic dissection is to prevent the external rupture which is so often fatal. Often the creation of a second communication (fenestration) between the true and false channels at the distal end of the dissection will result in a significantly better chance of survival. Sometimes the weakened area is reinforced, as with cellophane wrapping. DeBakey and his associates have pioneered in graft replacement of the diseased areas.[5] They use fenestration only for the dissection which extends from the ascending aorta or arch to well below the diaphragm. Localized areas in ascending or descending portions are either resected or obliterated. They have reported 75 per cent overall survival in 72 patients operated for dissection, with 80 per cent successful results on descending thoracic lesions using aortic graft replacement under hypothermia or the bypass pump.

LABORATORY STUDIES

The blood hemoglobin and hematocrit are normal except where there is external leakage of the dissection, as into the pericardial or pleural cavities; a progressive anemia may then be seen over two or three days, accompanied by increasing bilirubinemia. The leukocyte count is usually elevated 10,000 to 20,000, and occasionally much higher. The sedimentation rate is elevated. Serum tests for syphilis are rarely positive. Gross hematuria is evidence for renal infarction but microscopic hematuria usually suggests only pre-existing renal disease. Azotemia occurs in half of all patients with dissection, but correlates poorly with renal occulsion, being pre-renal in type. Serum transaminase levels are normal or only slightly elevated unless there is infarction of an organ, hemorrhage into a serous cavity, or congestive heart failure resulting in acute hepatic engorgement. Serum amylase values may be elevated if the splenic or mesenteric arteries are occluded.

Electrocardiographic changes are frequently seen, but are nonspecific in nature. Right bundle branch block and ventricular hypertrophy may reflect underlying congential defects and not be related to the dissection *per se.* ST segment depression and T wave inversion, particularly in the posterior leads (II, III, AVF), are common. Left ventricular hypertrophy may be seen when aortic regurgitation has been present for some time. The injury pattern of pericarditis may be seen over one segment or in all leads when hemopericardium occurs. Changes in axis deviation due to the dissection are unusual. The feature of greatest help in differential diagnosis is the absence of a myocardial infarction pattern. Difficulty may occur, however, when dissection leads to infarction by occlusion of a coronary artery.

Radiography usually provides the means for diagnosis of aortic dissection when the history and physical examination are incomplete or atypical. Widening of the aortic wall is usually not well seen on plain chest films, although nonspecific changes are often present. The most important sign is a sudden change in caliber on serial films. Holesh discusses at some length the radiographic findings.[6] In the acute phase the aortic arch may appear "unsharp" and somewhat uncoiled. If aortic insufficiency or hemopericardium occur the heart shadow is enlarged. If left hemothorax occurs the left border of the heart is obscured. If mediastinal leakage is present there may be widening and fuzziness of the whole superior mediastinum.

As recovery occurs, the knuckle of the aortic arch becomes more clearly defined, sometimes even normal. Usually, however, the arch is a little higher and wider than normal, and a double-contour shadow may possibly be seen. The dissection or false channel is filled with hematoma and is therefore relatively radiolucent. If the radiolucent shadow approaches 1 cm. width, dissection is likely. Luetic aortitis, pericarditis, and pleuritis can occasionally cause lesser degrees of radiolucency. Irregularity of the descending aortic contour and sudden change in caliber near the diaphragmatic hiatus are notable signs. When the innominate and subclavian arteries are occluded, rib notching may gradually appear as evidence of the anastomotic channels that have formed.

Calcified atherosclerotic plaques in the arch or descending aorta may be of considerable value in determing the presence of a second lumen or hematoma. Occasionally intimal calcification will mark the entire wall of the normal channel, and leave no doubt of a second dissection channel.

Fluoroscopy of the thorax is of little help in differential diagnosis. When a dilated arch and descending aorta are seen due to dissection, they usually show decreased pulsations but such variation occurs that little reliance can be placed on the observation.

Contrast angiography offers the most precise method of diagnosis and delineation of the dissection. Aneurysms in general result in *widening* of a vascular channel, either focal or diffuse; dissection, however, causes a narrow lumen, due to displacement by the false lumen or hematoma. The false channel is not often seen during angiography unless a catheter is introduced directly into it for the injection of radiocontrast medium. Even when the injection catheter is positioned well above the superior intimal tear, the secondary lumen frequently does not opacify because of the small proportion of flow within its walls.

For a dissection involving the total length of the aorta, the most frequent picture is of a rather dilated ascending aorta with narrowing in the arch and descending portions. The normal side of the narrowed aorta is smooth, with clear-cut regular branches—the affected side is irregular, poorly defined, and has inadequate filling of the intercostal and lumbar arteries in particular, and frequently other major branches (renal, mesenteric, splenic, testicular). Here again, one may see a double shadow: the portion which does not fill with contrast material represents the size of the false channel, which is frequently wrapped around the true lumen.

When the dissection begins in the arch or in the descending aorta, a sudden constriction in the true lumen may be seen at the superior end of the hematoma. Both ends of the false passageway may be tapered, but correlation of this with the sites of intimal tearing is poor, unless dye can be seen to pass from one channel to another. This may be aided by using rapid film changing techniques or cineangiography. A short area of dissection may only be recognized by a localized or diffuse thickening of the aortic wall, and many of the smaller areas are probably not seen at all.

The best angiograms are made when contrast material is injected directly into the aorta near the area of intimal tear, where there is communication with the false channel. For this purpose femoral or brachial arteriotomy is desirable, with introduction of a No. 7 or No. 8 closed-tip catheter with side perforations. If an open-tip catheter is used, it is best to inject against the stream of flow to produce maximal turbulence and local mixing, and to avoid streamline flow of the injected material. Depending on the size of the patient, 30 to 50 cc. of contrast material* is given by rapid pressure-injection to produce an intraluminal bolus of opaque material. Films are made during injection and for three to four seconds afterward. More than one injection may be made if desirable.

Greenspan and associates point out that using the femoral artery carries a risk of creating additional difficulties in a vessel which may already be involved in the dissecting process.[7] They advocate the use of intravenous aortography. This admittedly safer technique must be weighed against the poorer films obtained.

Translumbar aortography has also been used in the past to opacify the aorta. Bobbitt, Figley, and Wolfman have reported a high series of complications using this technique.[8] Of 425 studies, 42 had intramural injection of dye, causing death in three subjects. Aortic dissection occurred in two of these patients, surrounding and occluding the renal arteries. Suspicion of an already weakened aortic media should be an absolute contraindication to the translumbar aortic puncture method.

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*We have used Renovist, obtained from Squibb & Sons, E.R., New York 22, New York, with few side effects.

SUMMARY

Aortic dissection has been shown to occur in various clinical syndromes, although its common mechanism is degeneration of the media. Congenital causes are by far the most frequent, as in the Marfan syndrome and in Erdheim's idiopathic medionecrosis. Arteriosclerosis is an uncommon cause. Hypertension and pregnancy have an increased incidence of dissection. The clinical features most commonly resemble acute myocardial infarction, but may be differentiated by physical signs, the electrocardiogram, and by radiography. Angiographic confirmation and delineation of the area of dissection has been shown to be increasingly important as the possibility for corrective surgery becomes more widely known and available.

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(Continued from Page 487)

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Systemic Use of Fibrinolytic Agents

(Continued from Page 490)

IN SUMMARY, fibrinolytic therapy may ultimately have some value in the treatment of carefully selected patients with thromboembolic disease. Further developments in this area, however, depend in large part upon further research on the biochemistry and pharmacology and standardization of these agents, development of simple techniques for the monitoring of *in vivo* fibrinolytic effect and the establishment of *objective* criteria to be used in well-controlled clinical studies of the benefits of such enzymatic therapy in specific forms of thrombotic disease. Until such a program has been instituted and the results assessed the routine clinical use of commercially available fibrinolytic agents is, in our opinion, not justified.

MSMS Centennial Series:

1940—MSMS Diamond Jubilee

Leading up to the MSMS Centennial in 1965, The Journal *is printing a series of articles by William J. Stapleton, Jr., M.D, Detroit, who is the MSMS Historian. This series began in the September, 1963, number of* The Journal *and will continue through August, 1965.*

The year 1940 was an important one in the history of the Michigan State Medical Society. It marked the "Diamond Jubilee" of the Society.

At the Annual Meeting in Detroit on September 25-27, registration hit a new record with 2,561 persons registered, including 1,813 members of the Society.

* * *

AT THE Diamond Jubilee, 149 members received "Certificates of Associate Fellowship in Postgraduate Education" for completed courses sponsored by the MSMS Postgraduate Committee.

Burton R. Corbus, M.D.
MSMS President, 1939-40

Michigan Medical Service, which was started in 1939, continued to require considerable attention. On November 30, 1939, The Council transferred the task of inaugurating the Medical Service Plan to the Board of Directors of the Michigan Medical Service. In January, 1940, the organization sent out Registration Applications to all doctors of medicine in Michigan to signify their desire to cooperate in providing medical services for persons in the low income group on a pre-payment basis. As of June 6, 1940, 3,082 doctors had completed their applications to the Michigan Medical Service. As of July 31, 66,982 persons were enrolled, including employees and usually their dependents. An average of 1,700 subscribers ea month had been noted.

* * *

THE COMMITTEE on Industrial Hygiene of t MSMS had produced the following program:

1. To make a survey of the facilities now existence to meet the problem of industri health.
2. Concentration of our effort upon the develo ment of an appropriate educational prograi
3. Cooperation with the official health agenci in acquainting the medical profession with tl laws with reference to reporting of occup tional diseases.
4. After the profession is prepared by these pr grams, local committees on industrial healt should be appointed, whose function it will b to study their own local problems and coope ate with the official health agencies to promot health and hygiene methods in the control (occupational diseases.

Seven Michigan Health Departments receive awards in 1939 in the National Health Conservatio Contest. Highest honors went to the Alger-Schoo craft Health Department, which was awarded firs place among rural health departments in the nort eastern division.

A series of 24 weekly radio programs were pre sented over a network of 12 stations during th period from November 6, 1939 to May 10, 1940.

* * *

ONE OF THE MOST noteworthy programs o the Preventive Medicine Committee was complete in 1939 resulting in the distribution of immunizatio schedules and cards. These cards were mailed t the parents of all new-born children and to be kep as a permanent record of that infant's health fron birth to the day he enters school. The parent wa advised when to see his family doctor for protection against whooping cough, diphtheria and smallpox.

Dues of the MSMS had not been raised but remained at $12 per annum. The Council was authorized by the House of Delegates to levy an assessment of $5 per member to cover emergencies. However, financial matters were so well arranged that no direct assessment or increase in dues was necessary.

Among other matters of importance was the upholding by the Wayne County Circuit Court of the Constitutionality of Michigan's Basic Science Law, passed by the Legislature in 1937.

The reader can easily see that it was a busy year for Doctor Corbus and his official family.

The Author
WILLIAM J.
STAPLETON, JR., M.D.
MSMS Historian

len From 90 Countries rained in United States

Elsewhere in this issue is a report on intern-ips of our Michigan medical graduates. It is interest to consider as well that, in 1962-63, 257 physicians from 90 countries were in training in the United States; 5,840 were residents and 417 were interns. They trained in hospitals in states, the District of Columbia, Puerto Rico d the Canal Zone.

Leading countries from which physicians came:

	Number
1. Philippine Islands	1,687
2. Canada	574
3. Iran	535
4. India	385
5. Turkey	316
6. Mexico	250
7. Cuba	221
8. Argentina	193
9. China	186
10. Colombia	184

Ten hospitals with 50 or more foreign physi-ians:

1. Bellevue Hospital Center, N. Y.	73
2. Boston City Hospital, Boston, Mass.	68
3. Henry Ford Hospital, Detroit, Mich.	64
4. Kings County Hospital Center, Brooklyn, N. Y.	62
5. Washington Hospital Center, Washington, D. C.	61
6. Memorial Hospital for Cancer & Allied Diseases, N. Y.	58
7. University of Minnesota Hospitals, Minneapolis, Minn.	57
8. Mount Sinai Hospital, Chicago, Ill.	57
9. Jersey City Medical Center, Jersey City, N. J.	50
10. Michael Reese Hospital, Chicago, Ill.	50

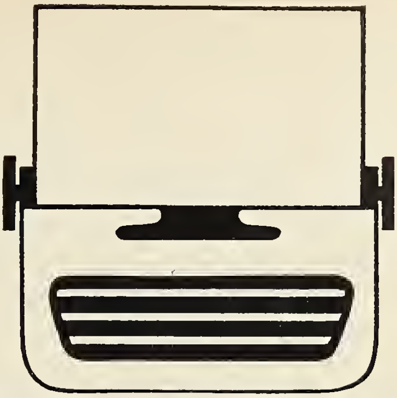
This information is made available to us from "Open Doors 1963" an annual survey conducted by the Institute of International Education.

Once again, it appears that Michigan is making a major contribution.

Are We?

"Are we as individuals doing enough to repay our society, our profession or our community for the way in which we have been received? As in any other thing—be it home, church, or profession—we receive in proportion to what we give."

—F. Mansel Dunn, M.D., President
Ingham County Medical Society
Ingham Medicine, May, 1964



EDITORIAL VIEWS

Explains Relationship Of Occupational Physician And Employee's Own Physician

By MSMS Occupational Health Committee

The laws of Michigan, and all the other states, require employers to supply medical care for employees whose illness or injury arises in the course of their employment. To accomplish these tasks and to maintain a healthful environment and safe working conditions, occupational health programs and physicians to direct them are a necessity. Liberal judicial interpretations of benefit programs and precedent setting decisions have increased the medical liabilities of employers, even though the acts were not intended to make the employer a guarantor of health. Employers do not willingly enter the domain of medical private practice.

In addition to advice on strictly medical matters, the employer needs physician assistance in the areas of planning, insurance, compensation, safety, industrial hygiene, supervision of the medical department, and in the general broad fields of preventive medicine and health education.

The Council of Occupational Health of the American Medical Association has defined the proper sphere of occupational medicine in the handbook, "Scope, Objectives and Functions of Occupational Health Programs," publication No. 213, revised in 1960. If the handbook recommendations are followed, there should be no competition or conflict of interest between physicians in private practice and those engaged occupational medicine.

Physicians in occupational medicine do not o dinarily perform medical services that are in tl province of the personal physician, but refer tl patient to his doctor. All employees are encou aged to choose a personal physician if they hav not already done so.

Professional cooperation and improved communications between private practitioners an those in industry are mutually desirable and a needed for the best interests of worker patient Both adhere to the same standards of professiona conduct and medical ethics. Private practitioner are urged to consult the plant physician for information and assistance regarding their patient who are employees. The plant physician need to consult with and refer to the employee's physician when a worker's medical problems impai his employment. The personal physician ma well have information regarding the patient' employability and health problems unknown t the plant physician. The latter has a knowledg of the work requirements and job selection wit which the personal physician is not familiar.

The exchange of information may solve difficult problems and create better understanding for the worker and the physicians.

The plant physician needs the help of the personal physician in reducing the excessive absenteeism and unwarranted allegations of illness or injury occasioned by work. The personal physician expects his patients to be given thoughtful consideration and employment that will not endanger health or safety. Both physicians wish to avoid misunderstandings or careless statements that might impair their professional standing and dignity in the eyes of the patient.

Specific information, not vague generalities, should be exchanged. Letters need to be discreet and factual. Where forms are required for the benefit of the patient, these should be completed accurately. Prolonged medical treatment, rehabilitation, or similar problems require a mutual understanding as to the course of action.

The occupational physician and the personal physician operating as a team can do much to keep the employee safely and gainfully employed and contribute to the patient's acceptance of work as one of our most important privileges.

Good Man for Tough Job

Detroit Free Press, May 5, 1964

"Michigan's headache-producing efforts to deal effectively with the troubles of its mentally ill are, hopefully, starting to get relief.

"The appointment by Gov. Romney of Dr. Robert A. Kimmich as director of the Michigan Department of Mental Health should provide long-needed therapy.

"The appointment was overdue. The director's position has been vacant for 16 months. The Legislature's dollar-foolish cut last year in the salary recommended by the Governor contributed to the delay. It reversed itself this year by raising the director's salary from $24,000 to $30,000.

Dr. Kimmich says he is attracted to Michigan's top mental health job as much by the challenge as by the cash. There's plenty of challenge.

"The mental health program in every state faces the job of providing new, intensive treatment with limited state and local budgets.

"In the past, Michigan has answered this challenge more often with charges than cures—charges that the Legislature was hamstringing mental health with inadequate budgets and charges of inefficiency and lack of direction within the department.

"Dr. Kimmich's job will be to find cures.

"His background equips him to use what should be one of Michigan's most effective weapons against mental illness—the Community Mental Health Act passed last year by the Legislature.

"The new program is patterned after California's local clinics. Dr. Kimmich, who is leaving a post as director of San Francisco's community mental health services, knows how such joint state-local programs can work.

"The community centers will be just part of his responsibility. As mental health director, Dr. Kimmich will be responsible for 64 State mental health agencies, including 17 hospitals and 21 child guidance centers.

"He will supervise the spending of some $90 million in State funds and the care given some 34,500 patients.

"It's an awesome responsibility. We wish Dr. Kimmich the best of luck."

Medical Profession Offers Aid

Here's the Latest News

These four colored pages carry late-breaking news in a new MSMS effort to improve its communication with every member.

The late deadline will permit MICHIGAN MEDICINE each month to provide up-to-the-minute information about Society activities, ancillary groups, et al.

As a further improvement, a MICHIGAN MEDICINE news supplement will be mailed on the 15th of each month to every member.

Your comments will be welcomed.

DELEGATION WELL ORGANIZED AT SAN FRANCISCO

MSMS Suite Busy at AMA

SAN FRANCISCO, JUNE 24 -The Michigan delegates here or the AMA Convention have een busy attending meetings, onferring with other delegates n common concerns—and exending warm Michigan hospiality.

The MSMS Headquarters uite at the Fairmont Hotel has een one of the most colorful of he entire convention. MSMS lelegates have taken their turns s hosts—and report that visiting lelegates are very anxious to obain a model Michigan-made auomobile. All three of the major Michigan auto manufacturers—Chrysler, Ford and General Motors—provided model cars in current design and in snappy colors.

The suite has been attractive with colorful blankets from the University of Michigan, Wayne State University, and Michigan State University. Photos, sketches and other symbolic decorations also helped tell the story of expanding medical-training facilities on Michigan campuses.

A special alumni reception was sponsored by the University of Michigan in the MSMS suite.

The MSMS delegation met May 20 back in East Lansing with Chairman William A. Hyland, M.D., and developed detailed plans for activities here. Hosting schedules were developed, resolutions studied, and assignments made to special AMA meetings. Michigan has been represented at such special events as the Conference on Physicians' Personal Economic Planning, the U. S. Committee on World Medical Association and a Conference on Nursing.

In addition to the MSMS Delegates to the AMA House of Delegates, many other Michigan physicians have been here to attend scientific activities and allied events. Wives also have been prominent in the activities of the Woman's Auxiliary meeting here.

A more complete story will appear in the next issue of MICHIGAN MEDICINE.

On June 15, nearly 7,000 Michigan service stations began offering a voluntary automobile safety check program to help reduce traffic accidents this summer.

The target is at least 1,500,000 safety-checked cars before the peak of the summer season.

The program is coordinated by the Associated Petroleum Industries of Michigan.

Mental Health Congress Held In Detroit

DETROIT, JUNE 26—"The medical profession stands ready, and is able, to provide guidance and medical direction to community leaders as they proceed to mobilize the resources of their communities to attack mental health problems."

So stated Benjamin Jeffries, M.D., Detroit, at the "Congress on Mental Illness and Health" held today in Detroit by the Michigan State Medical Society.

DR. JEFFRIES

Doctor Jeffries is chairman of the MSMS Mental Health Committee and a member of the Michigan Mental Health Advisory Council.

The Congress, which featured prominent speakers and lively discussion groups, was opened by Doctor Jeffries. He told the physicians and interested lay people about the great need for effective community mental health programs.

* * *

DURING THE AFTERNOON, the participants divided into 13 discussion groups with qualified MSMS members as leaders.

Edward H. Rodda, M.D., Bay City, Program Chairman for the Congress, presided at the final general assembly when the discussion groups reported back.

* * *

The recommendations will provide the basis for follow-through work by the Michigan State Medical Society and will

Continued on Page 501

Honor Jones on UP Tour

The first swing in several years through the Upper Peninsula in Mid-June by representatives of the Michigan State Medical Society took on added importance this year.

The four representatives—Orlen J. Johnson, M.D., President; Louis F. Hayes, M.D., Vice Speaker of the House of Delegates; Hugh W. Brenneman, executive director, and M. A. Riley, legislative-public relations field secretary—took part in a special program at Menominee.

At Menominee, the MSMS visitors joined with many others to honor William S. Jones, Sr., M.D., for his many years of "valued service to the health of the people of Michigan and Wisconsin" and for his outstanding leadership in the state society. Doctor Jones served effectively as a MSMS President and more recently as Chairman of the Big Look Committee, which directed the new-headquarters project.

* * *

A PLAQUE FROM MSMS was presented by President Johnson and a Letter of Appreciation was read from Harold H. Hiscock, M.D., as Chairman of The MSMS Council. The members of Menominee - Marinette County Medical Societies joined together to also present a plaque. Leaders of several county medical societies in the Upper Peninsula also attended. Jean Worth, former Menominee editor and now editor at Escanaba, was the master of ceremonies for the fine dinner meeting at the Riverside Country Club with the wives as special guests.

MSMS Councilors D. Roemer Smith, M.D., Iron Mountain, and James R. Dehlin, M.D., Gladstone, attended. Many of the details for the event were directed by John R. Heidenreich, M.D., Daggett, and R. C. Olson, M.D., Menominee County Medical Society secretary.

It was an interesting sidelight that the county society plaque was signed by William S. Jones, Jr., M.D., son of the honored doctor. The son is now president of the Menominee County Medical Society, another position that his father formerly filled.

WILLIAM S. JONES, SR., M.D.

* * *

THE MSMS DELEGATION made its first stop June 9 at Sault Ste. Marie to confer with members of the Chippewa-Mackinac society. Several hours later, they stopped at the Newberry State Hospital to visit with the members of the Luce County society.

The same evening, the MSMS leaders talked to the Marquette-Alger society meeting at Marquette.

The Delta-Schoolcraft society was the next stop at Escanaba, where the four men presented a special radio program over the Escanaba station.

Next on the tour was the Menominee meeting June 10 and then lunch the next day with the Dickinson-Iron men at Iron Mountain. That evening, they spoke to the Gogebic society at Ironwood.

The last stop was the Upper Peninsula Medical Society meeting at Houghton. In addition to seeing most of the Houghton-Baraga-Keweenaw doctors there, the MSMS leaders also conferred there with the Ontonagon society members.

MSMS officials report enthusiasm was on a high level across the entire Upper Peninsula and attendance extremely good.

UP Medics Cite Levin, Huron; Elect Bennett

HOUGHTON, JUNE 13—Matthew C. Bennett, M.D., Marquette, was chosen here at th annual meeting of the Uppe Peninsula Medical Society, Jun 11-12-13, to serve as President c the Society for the coming yea He will succeed A. M. Roche M.D., Calumet.

Among the other highlights a the annual session was a tribut paid to Simon Levin, M.D., wh has practiced in Houghto County for the past 63 years Alfred LaBine, M.D., Houghton expressed the appreciation t Doctor Levin, who was just recently retired from active practice.

Willis H. Huron, M.D., a former MSMS Councilor from Iro Mountain, received an award from Michigan Medical Service for his many years of service on the Blue Shield board. The presentation was made by Sidney Adler, M.D., Detroit, MMS President.

Orlen J. Johnson, M.D., MSMS President, who was on a swing through the Upper Peninsula with other MSMS representatives, was an honored guest and gave a short address.

(Note: More complete information from the Upper Peninsula Medical Society meeting will appear in the August issue of Michigan Medicine.)

Brother and sister, Louis and Antonia Sacchettis, were graduated from the University of Michigan Medical School and have started internships in California. The brother-sister team—a rarity—happened because Louis finished three years in the air force before entering med school.

Antonia is interning in San Francisco, and Louis near Fairfield.

The proud parents are Mr. and Mrs. Louis Sacchettis, Sr., of Iron Mountain.

ehabilitation, Topic or TV on July 12

Rehabilitation will be the sub- ct July 12 for the MAP "De- ions" television program with seph N. Schaeffer, M.D., De- oit, over WJBK-TV at 12:30 m.

Doctors of medicine continued be featured often on both of e MAP television programs. ecent guests on the weekly De- oit program included James D. ryfogle, M.D., Detroit, on "En- neering in Medicine," and Wil- m E. Rush, M.D., St. Clair hores, on "Diabetes Summer amp."

The MAP "Formula" program ver WJIM-TV in Lansing at :30 p.m., Wednesday, offered aul W. Gikas and Donald F. luelke, M.D., both of Ann Ar- or, on "Formula for Death," une 24. They discussed their vestigations of auto fatalities n Washtenaw County.

Continued:

MENTAL HEALTH CONGRESS

be reported to the American Medical Association.

Much of the success of this MSMS Congress was due to the efforts of four men who presented major addresses. They were James G. Miller, M.D., Ann Arbor, Director, Psychiatric Research Institute; Harold M. Visotsky, M.D., Director, State of Illinois Department of Mental Health; Marvin E. Perkins, M.D., Commissioner of Mental Health Services for New York City; and Mike Gorman, Executive Director, National Committee Against Mental Illness, Washington, D. C.

Doctor Jeffries wishes to thank the members of the Woman's Auxiliary to the Wayne County Medical Society for serving as recorders and hostesses. Appreciation also is voiced to the AMA-Smith, Kline & French Laboratories Grant Fund.

Participating with MSMS in the Congress was the Michigan Society of Neurology and Psychiatry, Michigan District Branch of the American Psychiatric Association; and also the Michigan Society for Mental Health.

(*Note:* See next MICHIGAN MEDICINE for more detailed reports.)

Are You Member Of M.D. PAC?

George Anthony, M.D., of Flint, reports the Genesee County membership campaign for M.D. PAC-AMPAC went over 100 members on June 15.

M.D. PAC and AMPAC are organized by physicians to give you an effective coordinated campaign for political education and candidate support.

Your check for $25 or more to M.D. PAC, Box 169, East Lansing, will make you a member of both state and national organizations.

Bring Together Doctors, Newsmen

The series of meetings, started ast year, is being continued in Michigan to bring newsmen rom press, radio and television ogether with leaders of county ocieties and MSMS to improve elationships.

Concerns voiced by both groups are discussed and plans are always started to further mprove cooperative ventures. Each of the news media dinners has resulted in better rapport and better liaison.

The meetings follow a similar pattern. After a short social hour, the men sit down for dinner and informal discussion. Leaders of the county society and MSMS then make short presentations to set the stage for questions and answers.

Newsmen and doctors, who have participated in such meetings, have all enthusiastically endorsed the project as important and worthwhile.

Any interested county medical society seeking assistance to present such a program is invited to get in touch with the MSMS headquarters. MSMS staff personnel will assist with the arrangements.

As newsmen and physicians finished their dinner at the MSMS Headquarters, the program details for the Ingham Media Dinner in June were checked out by F. Mansel Dunn, M.D. (standing left), President of the Ingham County Medical Society, and Oliver B. McGillicuddy, M.D., MSMS President-Elect (standing right).

Begin Community Health Week Plans

The Michigan Association of the Professions and the Michigan Health Council have been invited by The Council of the Michigan State Medical Society to share in the planning and observance of Community Health Week in Michigan.

The AMA has set the week for October 18-24.

Goal of Community Health Week will be to urge every citizen to become more familiar with present community health resources and to work with fellow citizens in studying and planning any additional health facilities or programs to meet the health needs of the future.

Each county medical society is urged to appoint a special chairman now for Community Health Week to expedite its planning and observance.

Educational efforts also will urge Michigan residents to secure a family doctor, obtain available immunizations, emergency medical identification cards and signal devices, avoid throwing money away on quacks and quack products and to assist the Michigan Health Council in its efforts to recruit students into health professions.

Plans are under way to hold several open houses in Michigan hospitals, rehabilitation institutions, nursing homes and other medical facilities in an effort to give students interested in exploring careers in health, as well as their parents and counselors, an opportunity to see the health team in action. During the 1964 celebration, the Michigan Health Council will give special emphasis to physical therapy and other careers in rehabilitation.

Orthopaedic Meeting Set; LaFerte Honored

The annual meeting of the Michigan Orthopaedic Society will be held at the University Club in Detroit, Wednesday evening, September 23, according to Hira A. Branch, M.D., Flint, President.

The organization recently held its summer meeting at Hidden Valley where A. D. LaFerte, M.D., Detroit, was honored. Dr. Branch presided at the meeting one day, with Angus Goetz, M.D., Detroit, presiding the other day.

R. W. Pomeroy, M.D., Lansing, is MOS Secretary-Treasurer, and Curtis M. Hanson, M.D., Kalamazoo, is President-Elect.

Walter Seegers, M.D., Grosse Pointe, has been named as the first holder of a new "Chair in Haematology" at the Wayne State University School of Medicine.

Snake Bite Article Among Papers Slated For August Reading

Snake bite death is rare in Michigan but non-fatal bites are not uncommon in the southern one-half of Lower Michigan. The August issue of Michigan Medicine features an original, unpublished manuscript entitled "Massasauga Bites in Michigan" which should be of interest to all of us.

A well-illustrated review of methods of repair of Common Finger Tip Injuries is also present in the issue, as are a philosophic reflection on the Therapeutic Use of the Placebo, a review of the extent and scope of health service protection in the United States today, and other articles, as well.

Invite Nominees For H/D Awards

The 55 component county medical societies are invited to nominate one or more members for consideration for "MSMS Certificates of Commendation."

Suggestions are sought by W. L. Brosius, M.D., Chairman of the MSMS House of Delegates Committee on Certificates of Commendation. Possible names and biographies should be sent before July 15 to Doctor Brosius, c/o MSMS, Box 152, East Lansing.

The House of Delegates established this award in 1961 after it had voted to abolish the former "Foremost Family Physician Award."

Winners of MSMS Certificates of Commendation in 1963 were the following:

Forest D. Dodrill, M.D., Bloomfield Hills
Charles J. Jentgen, M.D., Detroit (now deceased)
John M. Sheldon, M.D., Ann Arbor
Homer H. Stryker, M.D., Kalamazoo

Winners of MSMS Certificates in 1962 were the following:

Jerome W. Conn, M.D., Ann Arbor
J. D. Cummings, M.D., Lansing
Charles S. Kennedy, M.D., Detroit
Robert L. Novy, M.D., Detroit

Under a new Peace Corps policy, volunteer physicians will be allowed to take their families with them to overseas posts. Wives of physicians will not be required to serve as volunteers although they must complete a Peace Corps application for information purposes.

Doctors with children can be accepted and adequate family living allowances will be provided.

Detailed information about specific programs and Volunteer Questionnaires may be obtained from Office of Public Affairs, Peace Corps, Washington, D. C. 20525.

BLOCK OUT DATES, SEPT. 23–25, NOW FOR ANNUAL SESSION

★ ★ ★

See Pages 504-5 for Program Details

★ ★ ★

Every Michigan doctor is urged today to block out his office calendar so he can attend the Michigan State Medical Society 99th Annual Session in Detroit, September 23-24-25.

The House of Delegates meeting will be held September 20-21-22 and will be followed with the scientific session as in the past.

All the activities will be at the Sheraton-Cadillac Hotel.

The 1964 meeting will take on added excitement as the state medical society moves toward its big Centennial activities. The 100th Annual Session will be held in Detroit in September of 1965, and a spectacular Health Fair is planned for Cobo Hall, Detroit, April 30-May 8, 1966.

Because MSMS was started in Detroit, the annual meetings will be held there two years in a row, and move back to Grand Rapids for 1966. Normally, the meetings alternate between the two cities.

The 1964 highlight will be the Annual MSMS Dinner Dance, on Thursday night, September 24, with U. S. Congressman Gerald R. Ford, Jr., as the speaker this year.

Congressman Ford, who represents the Fifth Congressional District of Kent and Ottawa counties, is chairman of the House Republican Conference Committee, a member of the House Appropriations Committee, and often mentioned as a potential vice-presidential nominee.

The House of Delegates registration will begin at 6:00, Sunday night, September 20, with the first session slated that night for 8:00. The House will continue in session Monday, September 21, and Tuesday, September 22.

Calendar of Events

July 30-31—Coller-Penberthy Medical Conference, Park Place Motor Inn, Traverse City

September 20-25—Michigan State Medical Society House of Delegates and Annual Scientific Session, Sheraton-Cadillac Hotel, Detroit

September 22-24—Woman's Auxiliary to MSMS Annual Meeting, Pick-Fort Shelby Hotel, Detroit

September 23-24—Michigan State Medical Assistants Society Annual Meeting, Statler-Hilton Hotel, Detroit

October 15-17—University of Michigan Medical Center Alumni Conference, Ann Arbor

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Interested MSMS members may attend the House of Delegates sessions and reference committee meetings as guests.

The program for the Annual Scientific Session, September 23-24-25, will begin each morning at 9:00. The educational program will continue until 5:30 p.m. on September 23 and 24, and until 12:30 p.m. on Friday, September 25.

Once again, following the successful 1963 Scientific Session in Grand Rapids, the Program Committee has obtained outstanding speakers for panel programs.

Harry A. Towsley, M.D., Ann Arbor, chairman of the planning committee, is extremely enthusiastic about the subjects and speakers selected for 1964.

As in the past, no registration fee for members of MSMS and other state medical associations, AMA and the Canadian Medical Association, will be charged. The registration personnel on the fourth floor of the Sheraton-Cadillac will ask registrants to show their membership card.

More information about the 1964 Annual Session will appear in the August and September Journals.

Remember, block out your office calendar today so you can join your conferees in Detroit, September 23-24-25.

OUR STATE SOCIETY

WSU Cites Doctor Owen

Clarence I. Owen, M.D., Detroit, Past President of MSMS, received an Alumni Citation at the 96th Annual Wayne State University Alumni Reunion. A graduate of 1920, Doctor Owen is a past president also of the WSU Medical Alumni Association and vice-president of the WSU Alumni Association.

SHERATON CADILLAC

Wednesday-Thursday-Friday, September 23-24-25

Grand Ballroom, Sheraton-Cadillac Hotel, Detroit

9:00 A.M. to 5:30 P.M., Wednesday and Thursday

9:00 A.M. to 12:30 P.M., Friday

Scientific Assembly Program For MSMS Annual Session

Wednesday, September 23

A.M.
9:00 to 10:30 Panel Presentation on "CURRENT PERSPECTIVES IN PANCREATIC DISORDERS"
Moderator: Joseph A. Rinaldo, Jr., M.D., Associate Physician, Division of Gastroenterology, Henry Ford Hospital, Detroit
Panelists:
Internist: Howard F. Raskin, M.D., Head, Division of Gastroenterology, University of Maryland, Department of Medicine, Baltimore
Pediatrician: Harry Shwachman, M.D., Boston, Mass.
Surgeon: Kenneth W. Warren, M.D., Boston, Mass.
Radiologist: Klaus Ranniger, M.D., Associate Professor of Radiology, University of Chicago Clinics

11:30 to 12:30 Panel Presentation on "SHOCK"
Moderator: Allan P. Thal, M.D., Chairman, Surgery Department, Wayne State University
Panelists:
Surgeon: Richard C. Lillehei, M.D., Associate Professor of Surgery, University of Minnesota Medical School
Internist: Max H. Weil, M.D., Associate Professor of Medicine, University of Southern California School of Medicine
Internist: Robert P. Gilbert, M.D., Evanston, Ill.

P.M.
2:00 to 3:15 Clinical Pathological Conference on "MATERNAL DEATHS"
Moderator: William W. Jack, M.D., Grand Rapids
Panelists:
Anesthesiologist: Virginia Apgar, M.D., Director, Division of Congenital Malformations, The National Foundation, New York City
Obstetrician: J. Robert Willson, M.D., Chairman, Department of Obstetrics and Gynecology, Ann Arbor
Pathologist: A. James French, M.D., Professor of Pathology, Ann Arbor
Internist: John M. Weller, M.D., Professor of Internal Medicine, Ann Arbor

4:15 to 5:30 Panel Presentation on "TRENDS IN DIAGNOSIS AND TREATMENT OF ALLERGIC DISEASES"
Moderator: James A. McLean, M.D., Associate Professor of Internal Medicine, Ann Arbor
Panelists:
Allergist and Internist: Paul M. Seebohm, M.D., Professor of Internal Medicine, State University of Iowa, Iowa City
Allergist: Carl E. Arbesman, M.D., Associate Clinical Professor of Medicine and Assistant Clinical Professor of Immunology, Buffalo Medical School, New York
Pediatrician: George B. Logan, M.D., Rochester, Minn.

Thursday, September 24

A.M.
9:00 to 10:30 Panel Presentation on "CANCER OF THE HEAD AND NECK"
Sponsored by the Michigan Cancer Coordinating Committee
Moderator: Walter P. Work, M.D., Professor of Otorhinolaryngology, Ann Arbor

Panelists:
Otolaryngologist: John J. Conley, M.D., Pack Medical Group, New York City
General Surgeon: Oliver H. Beahrs, M.D., Surgical Section, Mayo Clinic, Rochester, Minn.
Radiologist: Franz J. Buschke, M.D., Professor of Radiology, Department of Radiology, School of Medicine, University of California, San Francisco
Pathologist: David A. Wood, M.D., Director, Cancer Research Institute, School of Medicine, University of California, San Francisco

11:30 to 12:30 Panel Presentation on "HEADACHES"
Moderator: Russell N. DeJong, M.D., Professor of Neurology, Ann Arbor
Panelists:
Psychiatry-Neurology: Arnold P. Friedman, M.D., Headache Unit, Montifiore Hospital, New York City
Internist: John R. Graham, M.D., Director, The Faulkner Hospital, Boston, Mass.
Psychiatrist: Raymond W. Waggoner, M.D., Ann Arbor

P.M.
2:00 to 3:00 Panel on "GENESIS AND SEQUELAE OF AN AUTOMOBILE ACCIDENT"
Moderator: Paul W. Gikas, M.D., Ann Arbor
Panelists:
Automotive Engineering: Roy Haeusler, Safety Engineer at Chrysler Corp., Detroit
General Surgeon: Horace E. Campbell, M.D., Denver, Colorado
Internist: Harold Brandaleone, M.D., New York City

4:00 to 5:30 Panel on "THE RECOGNITION AND MANAGEMENT OF CERTAIN HEREDITARY DISEASES"
Moderator: Harold F. Falls, M.D., Ann Arbor
Panelists:
Geneticist: Margery W. Shaw, M.D., Associate Professor of Human Genetics, Ann Arbor (Chromosomal)
Pediatrician: David Hsia, M.D., Chicago, Ill. (Metabolics)
Geneticist: F. Clarke Fraser, M.D., McGill University, Montreal, Canada (Phenocopies)
Dermatologist: Thomas Butterworth, M.D., Reading, Pa. (Dermatological diseases)
Internist: Richard M. Goodman, M.D., Assistant Professor of Medicine, Ohio State University, Columbus, Ohio

Friday, September 25

A.M.
9:00 to 10:15 Panel presentation on "SKIN MANIFESTATIONS OF SYSTEMIC DISEASE"
Moderator: John R. Haserick, M.D., Department of Dermatology, Cleveland Clinic, Cleveland, Ohio
Panelists:
Pathologist: John T. Headington, M.D., Assistant Professor of Pathology, Ann Arbor
Dermatologist: Arthur C. Curtis, M.D., Professor of Dermatology, Ann Arbor
Internist: Ray W. Gifford, Jr., M.D., Cleveland Clinic, Cleveland, Ohio

11:15 to 12:30 Clinical Conference on "SOME COMMON ENDOCRINE DISORDERS"
Moderator: Raymond C. Mellinger, M.D., Detroit
Panelists:
Internist: George J. Hamwi, M.D., Professor of Medicine, Ohio State University College of Medicine
Pediatrician: Lytt I. Gardner, M.D., Syracuse, N. Y.
Obstetrician: A. E. Rakoff, M.D., Professor of Gynecologic Endocrinology, Philadelphia, Pa.

Now's the Time— Get Your Art Entry Ready for '64 Show

The summer months may provide the extra hours so doctors and their wives can create paintings, prints, sculpture and crafts for the 1964 Art Exhibit.

The exhibit by Michigan doctors and their wives will take place September 22, 23, 24 in the Sheraton Cadillac Hotel, in conjunction with the annual meetings of MSMS and its Woman's Auxiliary.

Similar exhibits the last three years have proved to be most successful, and it is hoped that this year's show will evoke an even larger response from the Michigan artist doctors and their wives, declares Mrs. L. Jerome Fink, Bloomfield Hills, Art Show chairman.

Awards will be given in the following categories:

Class I—Paintings including oil, encaustic lacquer, polymer, etc.

Class II—Paintings including watercolor, casein, tempera, gouache.

Class III—Sculpture all media.

Class IV—Ceramics.

Class V—Drawing and graphic art, including all print techniques.

Class VI—Three dimensional design: weaving.

Any additional information may be secured from the chairman of the Art Exhibit. Write to Mrs. L. Jerome Fink, 4430 Quarton Road, Bloomfield Hills.

Muskegon Contributes to PTA

The Muskegon County Medical Society, which had a profit of $32,000 after paying for oral vaccine and other expenses, contributed the money to the PTA Council there. The Council will redistribute the money to the various neighborhood PTA units which participated in the project. The Muskegon project reached 80 per cent of the population.

Wayne Elects Officers

Francis P. Rhoades, M.D., was selected as President-Elect of the Wayne County Medical Society in its spring election. Other 1964-65 officers include Wyman C. C. Cole, Sr., M.D., President; Louis E. Heideman, M.D., Secretary; Edward M. Vardon, M.D., Trustee, five-year term; Brock E. Brush, M.D., Trustee, one-year term. Doctor Cole succeeds Alfred H. Whittaker, M.D., who served as President of the Wayne County Medical Society for 1963-64.

COUNTY SOCIETIES

Jackson Wants 30 Physicians Soon

The Jackson County Medical Society has launched a recruitment program aimed at getting 30 new physicians to enter practice in the county within the next ten years.

Andrew K. Payne, M.D., and Joseph A. Preston, M.D., are directing the effort, which is built around an informational and personal-contact program.

The Jackson County Medical Society bases its estimate of needing another 30 physicians in the county within 10 years on a combination of projected population growth and increased need.

Expectant Couples Forum at Midland

The Midland County Medical Society and the Visiting Nurse Association completed a series of eight weekly classes for expectant couples. Midland physicians served as speakers.

Kalamazoo Holds Sports Workshop

The Kalamazoo Academy of Medicine recently cooperated with the Western Michigan University department of physical education and athletics to present a "Preventative Sports Medicine Workshop" on the campus. Resource persons included Robert Bailey, M.D., Ann Arbor, and the following Kalamazoo physicians—Robert Hume, Curtis Hansen and Richard Lemmer.

Most Ingham MD's Use Seat Belts

At least 75 per cent of the doctors in Ingham County Medical Society, who have seat belts installed in their automobiles, always use them—or use them most of the time.

According to an informal survey conducted through the return postcards, 84 per cent of the doctors have seat belts. The survey was requested by the Public Health Committee, which has taken an active interest in the use of seat belts in its traffic safety activities.

Saginaw Honors Young Scholars

The Saginaw County Medical Society recently held its annual reception to honor outstanding high school graduates of Saginaw area schools. The young scholars and their parents were invited to the special event at the Amerwood Inn. Donald F. Woomer, M.D., and Thomas P. Mahaney, M.D., were in charge of the fine youth project.

St. Clair Joins Heart Forum

The St. Clair County Medical Society joined with the United Community Chest and Michigan Heart Association and the Port Huron *Times-Herald* to offer a Community Heart Forum. St. Clair doctors on the program included Ezra V. Bridge, M.D., Harold E. Fulton, M.D., and Arthur B. Yull, M.D.

Joint Meeting Held at Traverse City

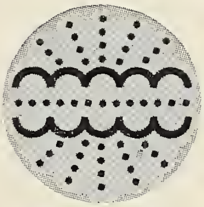
The Tri-County Medical Society and the Traverse City Pharmacist Association recently joined for a meeting to hear an official of Parke, Davis & Company, who pointed out that the average American family spends proportionately less of its income for drugs today than it did 10 years ago.

in virtually all diarrheas...prompt symptomatic control

LOMOTIL®

TABLETS / LIQUID—Each tablet and each 5 cc. of liquid contains:
diphenoxylate hydrochloride . . . 2.5 mg.
(Warning: May be habit forming)
atropine sulfate . . . . 0.025 mg.

Gastroenteritis


Functional diarrhea

Drug-induced diarrhea

Postsurgical diarrhea

Lomotil controls the basic physiologic dysfunction in diarrhea—excessive propulsive motility. Pharmacologic evidence indicates that it does so by directly inhibiting propulsive movements of the intestines. This direct, well-localized activity controls diarrheas of widely varied origin and does so promptly, conveniently and economically.

The relatively few conditions in which Lomotil has given less than satisfactory control have been, for the most part, those such as severe ulcerative colitis in which too little anatomic or functional capacity of the intestines remains for the motility-lowering action of Lomotil to have effect.

It should be noted, however, that Lomotil has proved highly useful in mild to moderate ulcerative colitis and in several other refractory forms of diarrhea.

The recommended initial adult dosage is two tablets (2.5 mg. each) three or four times daily, reduced to meet the requirements of each patient as soon as the diarrhea is controlled. Maintenance dosage may be as low as two tablets daily. *Children's* daily dosage (in divided doses) varies from 3 mg. for a child of 3 to 6 months to 10 mg. for one 8 to 12 years of age. Lomotil is an exempt narcotic; its abuse liability is low and comparable to that of codeine. Recommended dosages should not be exceeded. Side effects are relatively uncommon but among those reported are gastrointestinal irritation, sedation, dizziness, cutaneous manifestations, restlessness and insomnia. Lomotil should be used with caution in patients with impaired liver function and in patients taking addicting drugs or barbiturates. Lomotil is a brand of diphenoxylate hydrochloride with atropine sulfate; the subtherapeutic amount of atropine is added to discourage deliberate overdosage.

Research in the Service of Medicine **SEARLE**

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'METHEDRINE'® brand METHAMPHETAMINE HYDROCHLORIDE

is an easier way to help control food craving & keep the reducer happy

With "hunger pains" abolished, the patient can shrug off the chains of psychogenic craving that bind him to his habit of overeating and cooperate cheerfully with the prescribed diet.

In obesity, "...our drug of choice has been methedrine (methamphetamine hydrochloride)... because it produces the same central effect with about one-half the dose required with plain amphetamine, because the effect is more prolonged, and because undesirable peripheral effects are significantly minimized or entirely absent." Douglas, H. S.: West. J. Surg. **59**:238 (May) 1951.

Description: Each scored tablet contains 5 mg. 'Methedrine' brand Methamphetamine Hydrochloride.

Dosage: 2.5 mg. (½ tablet) 3 times daily. May be increased gradually according to response; more than 10 mg. daily rarely is needed. The last dose of the day should not be taken later than 6 hours before bedtime.

Side effects: Insomnia may occur if taken later than 6 hours before retiring. The usual peripheral actions of sympathomimetic amines (vasoconstriction and acceleration of the heart) are minimal and little noticed on low or moderate dosage.

Contraindications and precautions: Should not be used in patients with myocardial degeneration, coronary disease, marked hypertension, hyperthyroidism, insomnia or a sensitivity to ephedrine-like drugs. Moderate hypertension in the obese is not necessarily a contraindication since it may be relieved as the overweight is reduced.

Supplied: Tablets 5 mg., scored, in bottles of 100 and 1000.

Complete literature available on request from Professional Services Dept. PML.

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Fibre-free HYPOALLERGENIC formula

① Provides balanced nutritional values.

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③ An ideal food for milk allergies, eczema and problem feeding.

SOYALAC helps solve the feeding problem of prematures and infants requiring milk-free diet.

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Clinical data furnish evidence of SOYALAC'S value in promoting growth and development.

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an effective
GERIATRIC
antiarthritic
with
REASSURING SAFETY FACTORS

Effectiveness, dependability and reassuring Safety Factors make PABALATE-SF a logical choice for antiarthritic therapy in elderly patients—even when osteoporosis, hypertension, edema, peptic ulcer, cardiac damage, latent chronic infection and other common geriatric conditions are present. The potassium salts of PABALATE-SF cannot contribute to sodium retention...the enteric coating assures gastric tolerance...and clinical experience shows that this preparation does not precipitate the serious reactions often associated with corticosteroids or pyrazolone derivatives.

Side Effects: Occasionally, mild salicylism may occur, but it responds readily to adjustment of dosage. Precaution: In the presence of severe renal impairment, care should be taken to avoid accumulation of salicylate and PABA. Contraindicated: An hypersensitivity to any component.

Also available: PABALATE—when sodium salts are permissible. PABALATE-HC—Pabalate-SF with hydrocortisone.

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PABALATE-SODIUM FREE

“Bringing the Hospital Home”

BY SIDNEY E. CHAPIN, M.D., DEARBORN

The Detroit Metropolitan area now has a new 50-bed hospital. This hospital has no address or elephone number. Each of the patients is in his wn bed at home!

Among these patients there are many with heart isease and strokes; many are in the various stages f cancer; some have sustained hip fractures or ther orthopedic conditions; there are many dia-etics, some with complications, and there are many atients with various neurological conditions. Rheumatic fever, rheumatoid and osteoarthritis, post-perative convalescents, complicated maternity roblems, and other diagnoses are also represented.

These patients were discharged, earlier than would be expected, from 12 selected hospitals and some are eligible for care at home in this program regardless of hospital, if they belong to a particular industrial group.

Blue Cross is reimbursing the Visiting Nurse Association for the cost of the care of these patients.

Under the supervision of the private physician, each patient is visited regularly by a visiting nurse from the Detroit Visiting Nurse Association. Many of these patients have had a dietary and nutrition consultation in their homes. Some have been seen by a physiotherapist or occupational therapist. Many have special equipment on loan from various community agencies. Drugs, dressings and other supplies have been provided for these patients through the hospital from which they were discharged. Laboratory studies and x-rays have been provided as though they were in the hospital. Blue Cross has assisted many of these patients by paying 50 per cent of the cost of a homemaker aide, a trained individual to help the patient at home. In addition, a program of family education in the care of the patient has been instituted.

SOCIO-ECONOMIC

In Albion, Traverse City, Howell, Port Huron, Lansing, and Saginaw, similar home care “hospitals” are growing.

In the past 30 years, the tendency has been to build hospitals and construct more beds in the attempt to provide facilities for the care of the sick. This has been found to be exhorbitantly expensive as a device for meeting the needs of the sick.

In an intensive care unit, it is estimated that the cost for a patient is about $60 per day. When the patient moves into intermediate care, the average hospital care, the cost is about $40 per day. In minimum care units, utilizing the self-help principle, the cost is about $22 per day. In the continuation zone for the long-term convalescent patient, the estimated cost is about $15 per day.

It is only when the patient is moved out of the hospital atmosphere into a home care program that real economies can be achieved. When talking about home care programs, one is talking about the difference between a $40-per-day cost per patient and a $7-per-visit cost per patient. Home care programs, when their cost is projected on a per-day basis, reach such figures as $3.50 to $4.00 per day.

While the indigent and aged are often the recipients of these services, they are not necessarily the only persons who can benefit. It can be applied to any person regardless of type of illness, age, or financial status. Home care services offer a new way to provide extensive medical care for many patients at a lesser cost.

The modern hospital has become a very complex, highly-specialized diagnostic and therapeutic facility. Because of profound changes in our social and cultural patterns, as well as for the more obvious economic and health reasons, the cost of hospital care has become expensive and the cost continues to rise.

Hence a program that costs one-sixth as much with no capital investment, is a boon to

(Continued on Page 513)

Doctor Chapin is Medical Director, Detroit Visiting Nurse Association Home Care Program.

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100% SAFFLOWER OIL
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MUST BE REFRIGERATED

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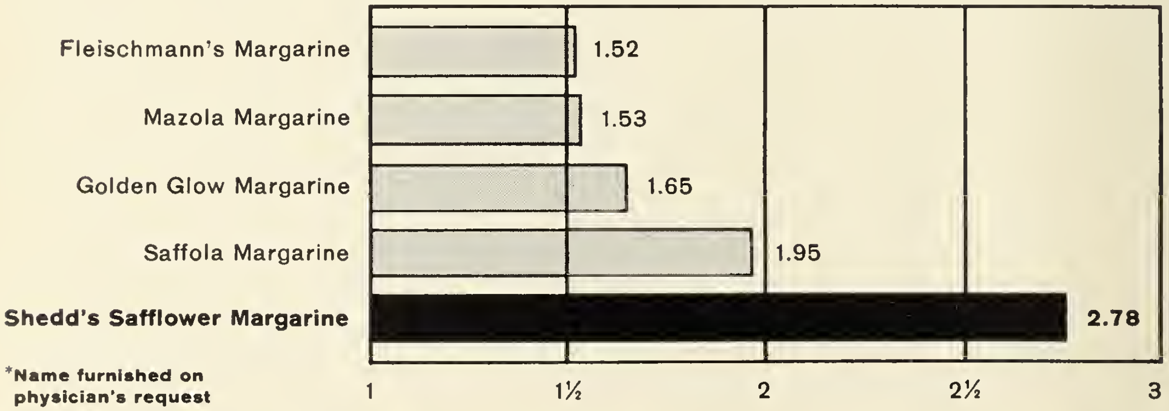
An outstanding, independent research laboratory* was asked to compare five leading margarines for their proportions of beneficial poly-unsaturates to saturated fats. All samples were purchased at store level by shoppers for the research laboratory, and the results given are the average of two tests made on each margarine.

THE RESULTS OF THIS TEST PROVED SHEDD'S SAFFLOWER MARGARINE HAS A HIGHER RATIO OF POLY-UNSATURATES TO SATURATED FATS.



*Name furnished on physician's request

Shedd's Safflower Margarine Tastes Best, too!

NOTE TO DOCTORS: For free physician's certificates just send your request to Shedd-Bartush Foods, Inc., Detroit 38, Mich., on your Rx form.

(Continued from Page 511)

the individual patient and to the community that must foot the bill.

A coordinated home care program provides continuity of services between the hospital and the establishment of a comparable regime at home.

A good home care program gets the patient out of the institutional atmosphere in which he becomes the prisoner of his bed because he has no place to go.

A good home care program provides the enlivening surroundings of home which strengthen the patient's will to get well.

A good home care program is a rehabilitative project, aimed at marshalling community resources for physical and psychological retraining of the chronically-ill.

A good home care program evaluates the patient in terms of his own potentialities, and provides the services required for achieving goals—this being the basis for good rehabilitation. Each patient is considered an individual, regardless of age, and the program is tailored to his individual requirements.

A coordinated home care program reduces the number of days of hospitalization necessary for selected patients. It provides a more efficient rotation of the existing hospital beds. It postpones the day when huge capital investment will be necessary to increase hospital facilities to meet the demands of an increasing population.

Of course, the private physician, in each case, must agree that home care is feasible for his patient. The home environment must be a good one. The family must be agreeable to assist in the care of the patient. The patient must want to be at home.

The private physician's orders are passed on to the agency supervising the home care program. Then a nurse is assigned to the case, she visits the home, sees the patient, and establishes needs and objectives for the patient.

Drugs and dressings and other supplies are obtained from the hospital on the private physician's prescription. The various therapies are also provided according to the doctor's orders.

The goals of rehabilitation, even in a hospital, are mainly directed toward the patient's functioning in a home environment. At least the last phases of any successful rehabilitation program should take place at home.

Physicians unfamiliar with the capabilities of the home setting are always surprised at the rehabilitative goals that can be achieved through a coordinated home care program. Home care has been the role of practicing physicians and public health nurses for a long time. However, organization of these services in an administrative structure now described as "coordinated home care" is rather new.

This type of medical care is not second best, and it is not "cut rate." It provides the best of modern medical care, makes it possible for the chronically-ill to be looked after in their own homes, and provides them with the wide range of professional services which are not easily secured through the physician alone.

Dr. Cecil Sheps makes the point that home care is respectable, but it is not yet fashionable. In Detroit, the coordinated home care program is now not only respectable, but quite fashionable.

In conclusion, the new and growing interest in home care programs is not looked upon as a substitute for hospital care, but should be considered as part of the total medical care plan which can best meet the needs of certain patients in certain phases of their illness.

Some 20 per cent of general hospital beds are occupied by persons who could be cared for effectively and more economically in a home setting.

The solution to the cost and care problem cannot be found merely in progressive expansion of beds and additional facilities in hospitals, nursing homes or other institutions. The costs of new hospital construction are high, maintenance of hospital facilities is expensive and rising, and other institutional facilities are not always available. Furthermore, institutionalization for long periods results in losses in personal satisfaction, initiative and creativity.

In looking for an alternate solution, coordinated home care, the systematic provision of medical, nursing, social and related services to patients in their homes, could be the answer.

NOTE: Health services in the home are becoming more frequently prescribed as a method of alleviating the strain on overtaxed hospital facilities.

At its March 4th meeting, the MSMS Committee on Medical Socio-Economics reviewed and analyzed

> "A Report of the First Year of Operation Michigan Hospital Service-Visiting Nurse Association Home Care Project."

This special article by Sidney Chapin, M.D., a member of this Committee, is intended to point up the possibilities of home care, especially the economic advantages—R. M. CAMPAU, MSMS Research Director

Offer Smoking Pamphlet

Interested doctors may obtain copies from the AMA of a new pamphlet, "Smoking: Facts You Should Know," for a small charge. The pamphlet is offered as part of the AMA campaign to inform young people on health hazards of tobacco. Such an educational drive was adopted at the AMA annual meeting in 1963. One copy is available for five cents and 100 for $1.50. Address orders to AMA, 535 N. Dearborn Street, Chicago, 60610.

For the "modern Cinderella"

pHisoHex®

enhances any acne treatment

"...No other disease has caused so much feeling of inferiority" as acne.[1] pHisoHex "...is a valuable part of the management...since in addition to its defatting and cleansing properties, it offers an antibacterial action which reduces skin bacterial flora."[2]

In a series of 42 patients, none "...failed to improve," when pHisoHex was added for the wash.[3] In another series of 67, acne lesions "...cleared in a matter of one to two weeks" in 50 per cent with pHisoHex.[4] In another series of 100 patients using pHisoHex and pHisoAc®, 79 showed excellent or good improvement.[2]

The frequent exclusive use of pHisoHex enhances adsorption of its 3% hexachlorophene content to the skin; there it remains as a tenacious film to fight bacteria *between* washings. pHisoHex cleans thoroughly—is nonalkaline, hypoallergenic and "kind" to the skin. Three to four washings a day are needed for constant degerming of skin, faster and better results.

pHisoAc Cream dries, peels and masks lesions—helps prevent comedones, pustules and scarring. Contains colloidal sulfur 6 per cent, resorcinol 1.5 per cent and hexachlorophene 0.3 per cent.

How supplied: pHisoHex is available in unbreakable squeeze bottles of 5 oz. and 1 pint, in unbreakable plastic bottles of 1 gallon and in combination package with pHisoAc Cream.

References: **1.** Szymanski, F. J.: *Indust. Med.* 30:498, Nov., 1961. **2.** Wexler, Louis: *Clin. Med.* 70:404, Feb., 1963. **3.** Hodges, F. T.: *GP* 14:86, Nov., 1956. **4.** McLean, I. E. D.; Graham, K. T., and East, M. O.: *Practitioner* 189:82, July, 1962.

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(1888-M)

Congratulations are extended by Jacob F. Wenzel, M.D., Detroit, outgoing Medical Alumni Association president, to William J. Stapleton, Jr., M.D., upon his Distinguished Service Award.

The new president, Hugh W. Henderson, M.D., Detroit, greets alumni following his installation.

WSU Medical School Honors Doctor Stapleton

William J. Stapleton, Jr., M.D., Detroit, MSMS historian, has a "Wayne State University Distinguished Service Award" to add to his collection of deserved citations. The presentation was one of the highlights of the 96th annual alumni reunion of the WSU School of Medicine Alumni Association.

The citation honors Doctor Stapleton "in grateful recognition of his untiring devotion and meritorious service to the WSU School of Medicine."

Hugh W. Henderson, M.D., Detroit, was installed as the new Alumni Association president, succeeding Jacob F. Wenzel, M.D., Detroit. The banquet program also included comments by Dean Ernest D. Gardner, M.D., and Gordon H. Scott, Ph.D., WSU Vice-President, recognition of the Class of 1914, and the presentation of several honorary membership awards and alumni awards to medical students.

Others taking office at the 96th Alumni Clinical Program were Drs. Marion W. Jocz, Grosse Pointe; and Frank Walker, Grosse Pointe; president-elect, and secretary, respectively.

Out-going officers are Drs. Jacob F. Wenzel, Grosse Pointe, who served as president; and Niles Schwocho, Allen Park, secretary.

Medical student awards went to:

James Andre, St. Clair Shores, who received the A. Ashley Rousuck Award in Internal Medicine.

Myron Eisenman, Detroit, the Senior Alumni Scholarship Award.

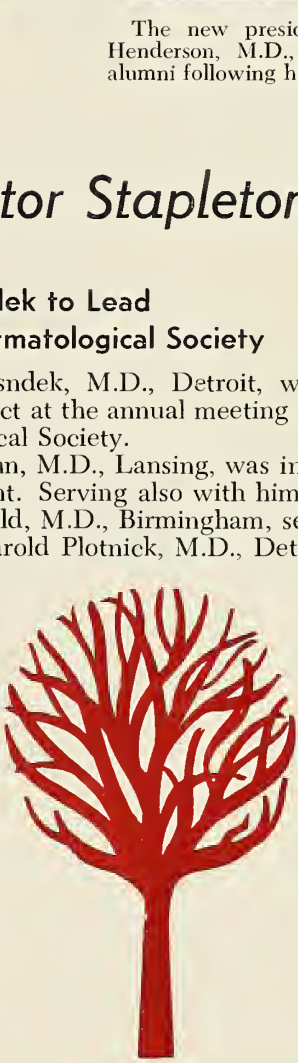
Kenneth Gitlin, Detroit, the Junior Scholarship Award in Surgery for work he did last year.

Evelyn Fisher, Detroit, the Alumni Scholarship Award given each year to a second-year student.

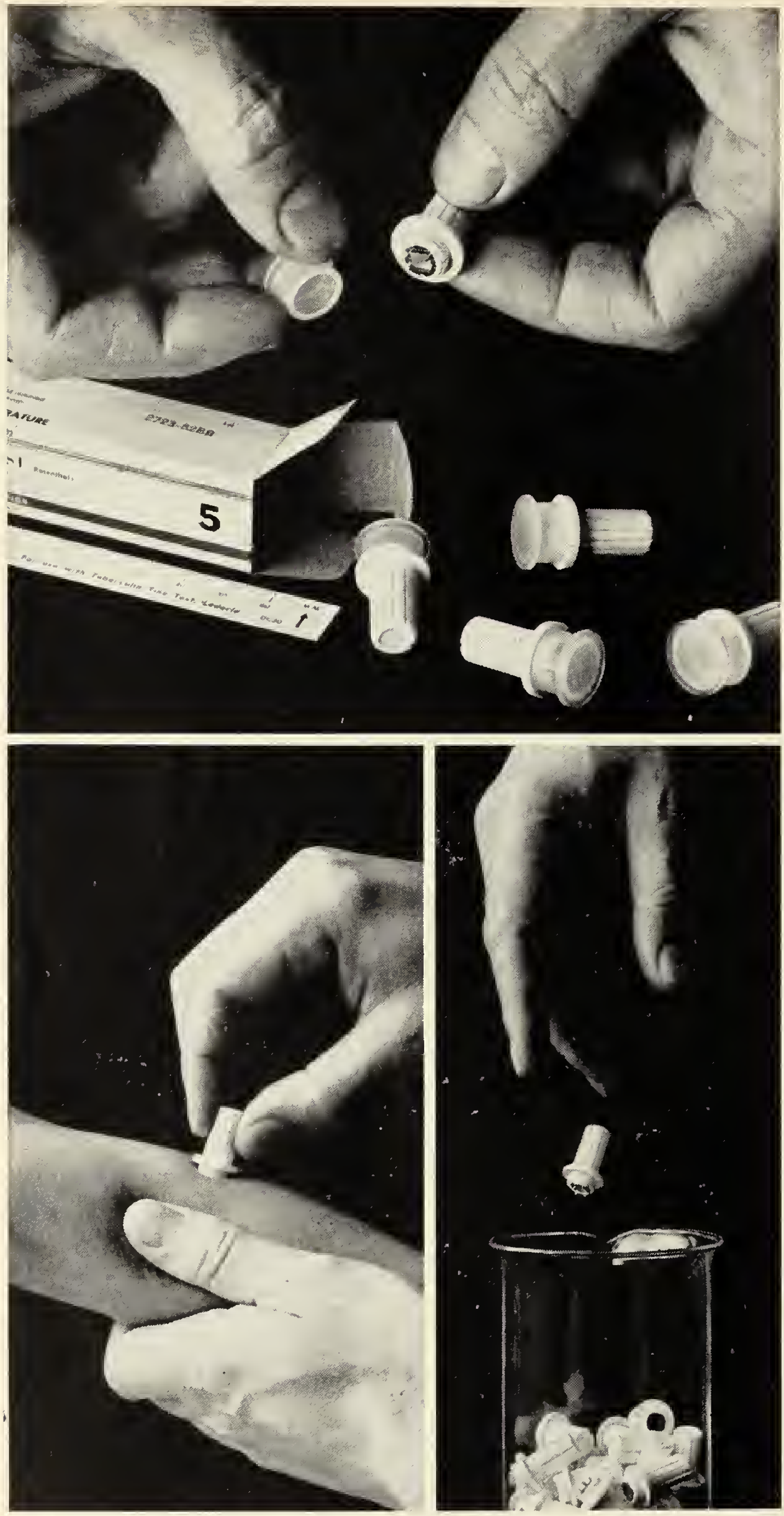
Kahn, Usndek to Lead Detroit Dermatological Society

Harold Usndek, M.D., Detroit, was chosen as president-elect at the annual meeting of the Detroit Dermatological Society.

David Kahn, M.D., Lansing, was installed as the new president. Serving also with him will be Robert Schoenfield, M.D., Birmingham, secretary-treasurer, and Harold Plotnick, M.D., Detroit, recorder.



ANCILLARY SECTION



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SWAB THE ARM—UNCAP A TINE TEST—PRESS—DISCARD THAT'S ALL THERE IS TO IT.

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available as the new individually-capped unit, boxes of 5, or in cartons of 25

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COLLER-PENBERTHY CONFERENCE, JULY 30-31 OFFERS AUTHORITIES ON VARIED SUBJECTS

Outstanding medical authorities from Ohio, Missouri, Florida, Connecticut, Nebraska and Michigan will address the Coller-Penberthy Medical Conference at Traverse City, July 30-31.

General Chairman Frank H. Power, M.D., Traverse City, predicts that the 44th annual conference will be one of the best. He adds that special events will include a golf tournament and the annual banquet July 30 with State Senator William G. Millikin as the speaker.

Following is the list of speakers and topics:

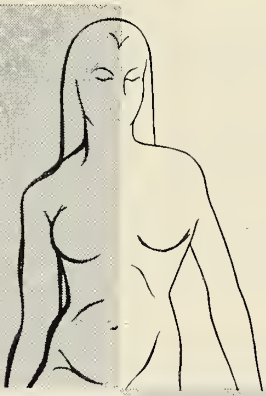
"Iatrogenic Staphylococcal Enterocolitis," William A. Altemeier, M.D., University of Cincinnati; "Surgical Treatment of Thrombo Embolism," Marion S. DeWeese, M.D., University of Missouri; "The Pathogenesis and Treatment of Acute Dilatation of the Stomach and Paralytic Ileus," Lester R. Dragstedt, M.D., University of Florida; "A Rational Use of Prophylactic Antibiotics in Surgical Practice," Mark A. Hayes, M.D., Yale University; "More on Colloids, Cuts and Clots," Merle M. Musselman, M.D., University of Nebraska.

From the University of Michigan School of Medicine—"Esophageal Varices," C. Gardner Child, III, M.D.; "The Battered Child Syndrome," Harry A. Towsley, M.D.; "Some Urological Problems in Children," Reed M. Nesbit, M.D.; "Data Storage and Retrieval in Radio Therapy," Isadore Lampe, M.D.; "The Present-Day Treatment of Tic Douloureux," Edgar Kahn, M.D.; "Television Fluoroscopy," Fred J. Hodges, M.D.; "Quiz," A. James French, M.D.; "Some of the Common Virus Infections of the Skin," Arthur C. Curtis, M.D.; and "Common Disabilities of the Foot," Carl E. Badgley, M.D.

From Wayne State University School of Medicine—"Transplantation of the Heart," Richard J. Bing, M.D.; "An Evaluation of the Surgical Treatment of Hirschsprung's Disease in Infants and Children," Clifford D. Benson, M.D.; "Serum Enzymes and Their Use in Clinical Medicine," Joseph W. Hess, M.D.; "Atypical Pneumonia," G. Thomas McKean, M.D.; "Observations on the Use of Antithyroid Drugs, 20 Years' Experience," William S. Reveno, M.D.

Another Ann Arbor speaker will be Donald R. Korst, M.D., on "Chemotherapy of Cancer, the Importance of Selection of the Patient."

Other speakers will include William N. Hubbard, M.D., Dean School of Medicine, University of Michigan; A. C. Furstenberg, M.D., U-M Dean Emeritus; Orlen J. Johnson, M.D., MSMS President, and John M. Sheldon, M.D., U-M Director of the Postgraduate Medicine.



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Kimmich on Job as New Mental Health Director

Robert A. Kimmich, M.D., began duties July 1, as the new director of the Michigan Department of Mental Health.

He was appointed in May by Governor Romney after the position had been vacant 16 months.

To come to Michigan, Doctor Kimmich left a position as director of San Francisco's community mental health services. Here he will be responsible for 64 state mental health agencies, including mental hospitals and child guidance centers.

John B. Deiter, Ph.D., director of Washington state's northwest hospital-community program, has been named an assistant director of the Michigan Department of Mental Health and will head the planning division.

Also appointed to the top planning staff is Philip D. Smith, M.D., who will serve as associate director of the division under Dr. Deiter. Dr. Smith, a psychiatrist, is clinical director of psychiatry at Northern State Hospital, Sedro Woolley, Washington.

Wayne SAMA Picks Leader

The Student American Medical Association at Wayne State University has selected Henry M. Taylor, Dearborn Heights, as president for the coming year. Other officers will be selected in the fall.

U-M SAMA Elects

James Roberts of Allen Park will serve as president during 1964-65 of the Student American Medical Association at the University of Michigan.

Other officers will include Charles Henry, Kalamazoo, vice-president; Lee DeMeester, Grand Rapids, secretary, and William Pohnert, Whitmore Lake, treasurer.

Industrial Medical Group Advances McIntosh, Magnuson

Members of the Michigan Industrial Medical Association have elected Robert D. McIntosh, M.D., Detroit, as president for 1964-65. Dr. McIntosh is medical director of the Ternstedt Division of General Motors Corporation in Detroit.

He succeeds Henry J. Kreulen, M.D., Grand Rapids.

Harold J. Magnuson, M.D., Ann Arbor, former vice president, was named president-elect. He is director of the Institute of Industrial Health at the University of Michigan.

Martin F. Bruton, M.D., Detroit, was elected vice president. Re-elected secretary-treasurer was Benjamin B. Holder, M.D., Midland. Two new members of the MIMA board were also elected: Francis L. Purcell, M.D., Flint, and Frank G. Talbot, M.D., Detroit.

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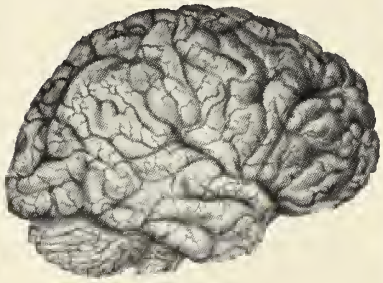
ARLIDIN (NYLIDRIN HCl) increases blood flow...



IN CEREBROVASCULAR INSUFFICIENCY

where vascular insufficiency may cause such symptoms as mental confusion, diplopia, fatigue, apathy, and behavior problems.

IN PERIPHERAL VASCULAR DISEASES

where ischemia causes muscle distress—pain, spasm, ache, intermittent claudication; also coldness, numbness or ulceration of extremities.

State Health Department Comments on VD Increase

The Michigan Department of Health reports that record shows venereal diseases are still on the increase in Michigan. In 1963 there were 11,043 cases of gonorrhea and 5,512 of syphilis reported in Michigan.

For syphilis this represents a 27% increase over 1962 and a 66% increase over 1961.

For gonorrhea it represents a 6% decrease as compared to 1962 but a 16% increase over 1961. Venereal disease remains a serious public health problem, even though the increase in reported cases may be partly a result of better reporting by private physicians.

At the present time almost one-fourth of reported cases occur among Michigan teenagers and over one-half among those under 25.

The State Health Department points out that "the official responsibility for the control of venereal disease in Michigan is focused in the local health departments but they cannot carry out their function without the whole-hearted cooperation of private practicing physicians."

Field Visitations

As a part of their responsibilities, these field consultants are available to help private physicians throughout the state in obtaining contact information and in the subsequent tracing of named contacts.

Additional objectives of these visits are as follows, according to the State Health Department:

"1. To personally enlist the physician's cooperation in a program to control syphilis and eventually eliminate it as a public health problem.

"2. To inform the physician of the current venereal disease problem on a national, state, and local basis and thereby raise his 'index of suspicion' in looking for syphilis among patients.

"3. To leave with the physician the latest professional material on diagnosis and management of all venereal diseases.

"4. To encourage the physician to report all cases of venereal disease and to permit epidemiologic follow-up by the health department, where indicated.

"5. To inform the physician of the many services that he can obtain from the health department; i.e., diagnostic aids, medical consultation, et cetera."

Laboratory Follow-Up

During the past year over 30,000 reactive serologic tests for syphilis were reported by both private and public laboratories in Michigan. "On a large percentage of these specimens it was neces-

(Continued on Page 522)

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DISORDERS OF THE
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where decreased blood flow results in hearing loss (sudden onset), tinnitus, and vertigo.

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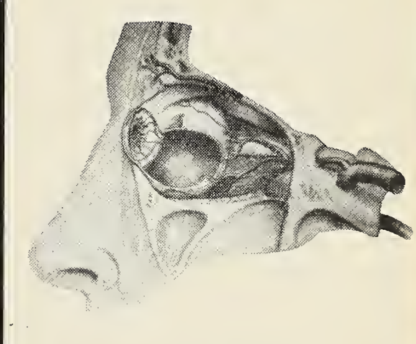

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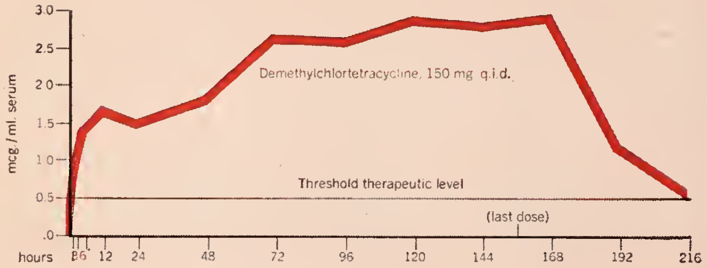
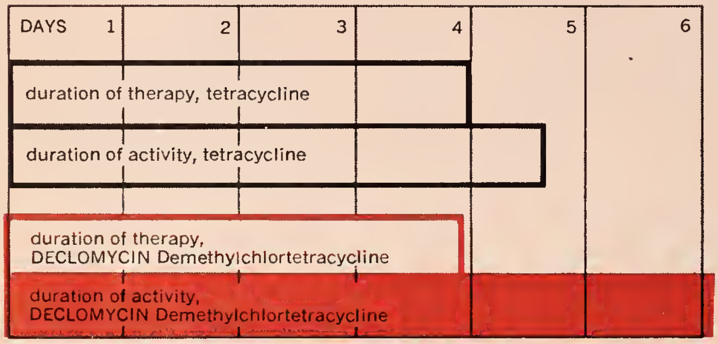
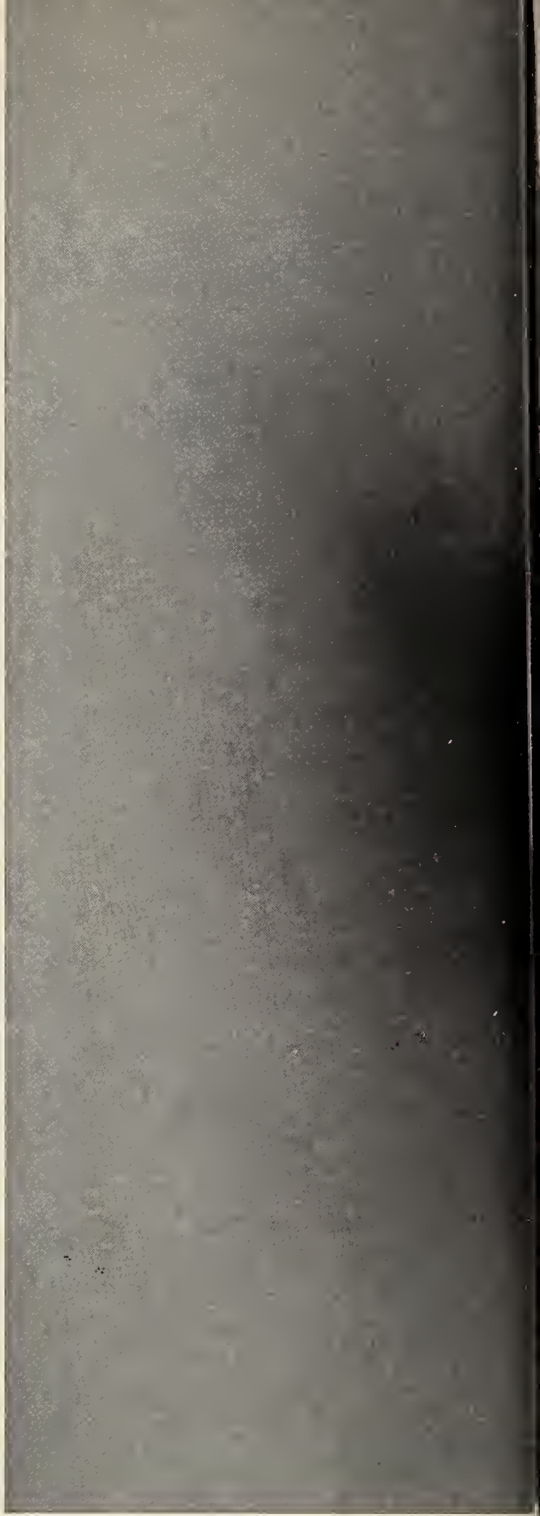


From Sweeney, W. M.; Dornbush, A. C., and Hardy, S. M.: *Amer. J. Med. Sci.* 243:296 (Mar.) 1962.

1-2 days' "extra" activity





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(Continued from Page 519)

sary to get in touch with the physician in order to obtain a disposition within a reasonable time period," the State Department declares.

Syphilis Epidemiology

All patients who are reported by health department clinics as having infectious syphilis are interviewed to determine recent sexual contacts. This service is available for all private cases provided permission is given by the physician.

To prevent further spread of the disease, such epidemiologic follow-up must be performed as quickly as possible.

Legislature Honors Doctor Yoder

The Michigan House of Representatives, in its recent session, adopted a resolution honoring Orrus Ray Yoder, M.D., who retired as superintendent of the Ypsilanti State Hospital.

The resolution, introduced by Representatives Upton, Warner and Bursely, read as follows:

"A resolution honoring Orrus Ray Yoder, M.D., a distinguished doctor and servant.

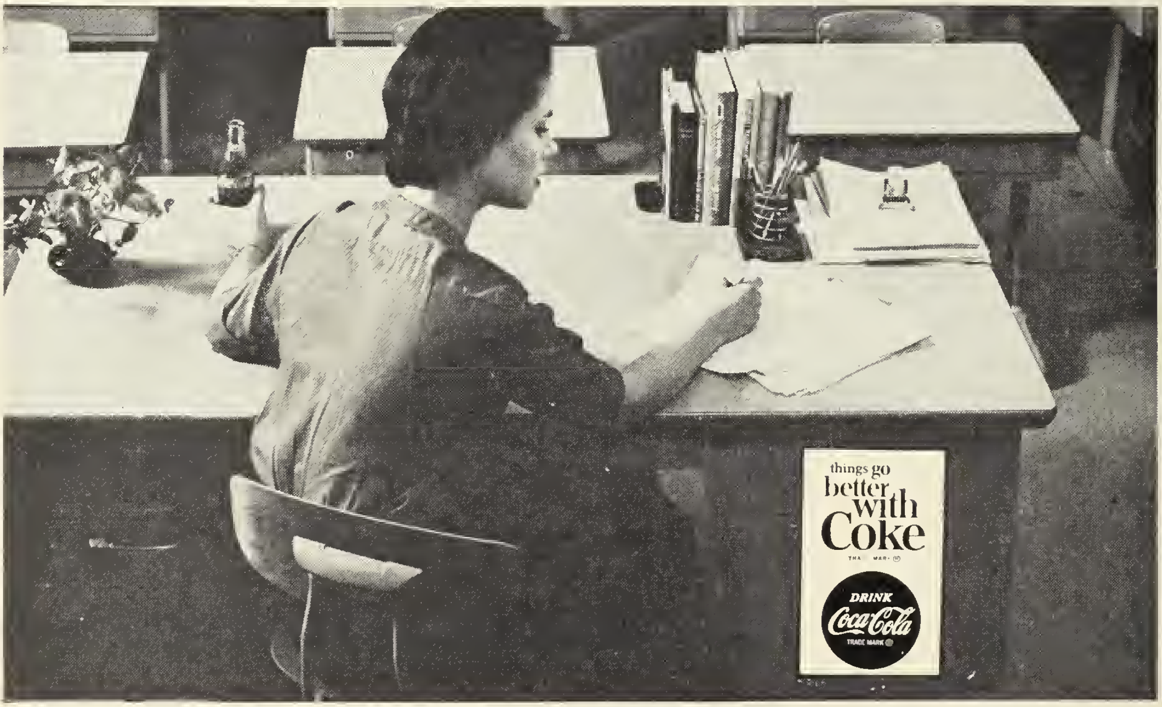
"Whereas, Orrus Ray Yoder, M.D., was born on a farm near Goshen, Indiana, in 1893, attended Goshen Academy and College, where he received his Bachelor of Arts degree in 1916, and, in the same year, became Principal of Middlebury High School in the State of Indiana, where he served in this capacity until he enlisted as a Private in the Regular Army in 1917; he was later transferred to the Medical Reserve Corps and sent to Rush Medical College, where he received his medical degree in 1922, he received his internship at Harper Hospital, Detroit, Michigan; and

"Whereas, Dr. Orrus Ray Yoder has had a long and distinguished career of both public and private service to his city, county and state; he was appointed Assistant Medical Superintendent of Kalamazoo State Hospital in 1922 and transferred to the Ypsilanti State Hospital as Assistant Medical Superintendent in 1931, and was appointed Superintendent of the Ypsilanti State Hospital in 1938; and

"Whereas, Dr. Orrus Ray Yoder was President of the Michigan Society of Neurology and Psychiatry from 1954 to 1955, and is a life member of the Michigan State Society of Neurology and Psychiatry, a Life Fellow of the American Psychiatric Association, a member of the Michigan State Medical Society, the American Medical Society and the Washtenaw County Medical Society, where he has served as its President; now therefore be it

"Resolved, That the members of the House of Representatives feel privileged to pause in their daily tasks to honor and congratulate Dr. Orrus Ray Yoder, M.D., for his life-long record of effective and continuing attainment and service in behalf of his fellow men; and be it further

"Resolved, That a copy of this resolution be transmitted to Dr. Orrus Ray Yoder."



Whether you're a teacher correcting exams. A student cramming for them. A housewife cleaning up after the kids. Or a businessman working late at night. Whoever you are, things go better when you pause and refresh with ice-cold Coca-Cola.

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5. Hypersensitivity to carisoprodol may occur rarely. Codeine may produce addiction, nausea, vomiting, constipation or miosis.

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1. Viglione, J.P.: Clin. Med. *69*:1157 (May) 1962.

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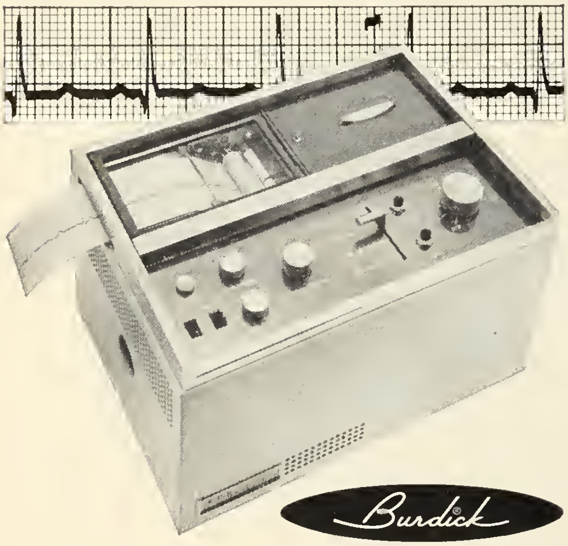

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IN MEMORIAM

James R. Delaney

James R. Delaney, M.D., 55, Detroit physician since 1947, died May 9, 1964.

A graduate of Wayne State University School o Medicine, Doctor Delaney served as a Navy lieutenant commander in World War II. Following hi military service, he studied at the University o Pennsylvania before returning to Detroit in 1947 Doctor Delaney taught medicine at Wayne Stat University in addition to his practice.

He was a past president of the Alumni Association of the University of Detroit.

John B. Glerum

John B. Glerum, M.D., 48, retired Greenville physician and surgeon, died April 25, 1964.

Doctor Glerum received his medical degree in 1943 at Wayne State University School of Medicine and interned at Blodgett Hospital, Grand Rapids He served four years in the U. S. Army, attaining the rank of major. He began his practice in Greenville in 1948, retiring in March of 1963 because of illness.

Lynn N. Hershey

Lynn N. Hershey, M.D., 68, Birmingham psychiatrist, died May 7, 1964.

A graduate of University of Kansas Medical School in 1922, he later studied at the University of Pennsylvania, Johns Hopkins University and Queens Square Hospital, London, England. Doctor Hershey was a Detroit area practitioner since the 1920's, and began his practice in Birmingham in 1946.

Memberships included the American Psychiatric Association, Phi Chi medical fraternity and Phi Kappa Psi. He was on the staffs of Beaumont, Pontiac General and Detroit Grace Hospitals.

Edward D. Hunderman

Edward D. Hunderman, M.D., 78, Grand Rapids physician for 52 years, died May 18, 1964.

A graduate of the University of Detroit Medical School, Doctor Hunderman studied in Europe for one year in his specialty of ophthalmology and otolaryngology prior to military service in World War I. He was a Life Member of the Michigan State Medical Society.

Donald C. Somers

Donald C. Somers, M.D., 63, prominent Oakland County orthopedic surgeon, died May 2, 1964.

A 1927 graduate of the Detroit College of Medicine, Doctor Somers studied orthopedic surgery at e University of Michigan Medical School. He was the staffs of Harper, Highland Park General and aumont Hospitals, and was a member of the nerican Academy of Orthopedic Surgeons.

Clarence T. Starker

Clarence T. Starker, M.D., 82, Pontiac physician ice 1912, died May 4, 1964.

A 1905 graduate of Wayne State University hool of medicine, Doctor Starker practiced in ginaw and in El Paso, Texas, before beginning his actice in Pontiac.

He was a Life Member of the Michigan State edical Society.

Robert O. Webster

Robert O. Webster, M.D., 37, Wayne orthopedist, ed May 3 following a boating accident.

Doctor Webster was a 1955 graduate of the Uni- rsity of Michigan Medical School. Doctor Web- r began his practice in Wayne three years ago, llowing residencies in Ohio and California. He as on the staffs of seven hospitals in the Detroit ea.

Doctor Yoder's Plan to Retire Means Loss to City, State

Ypsilanti Daily Press, May 4, 1964

"The announcement last week of Dr. O. R. Yoder's plans to retire as superintendent of Ypsilanti State Hospital on July 2 can't help leaving you with a sense of loss.

"Few persons in Michigan have become so closely associated with the institution they head; few have done a better job or are more widely respected. This is particularly true here in Ypsilanti itself, where the warmth of his personality and the fine flavor of his humor have won him hundreds of friends and admirers.

"He has been at the hospital since it was founded in 1931 and has been superintendent since 1938. In his tenure it has grown to one of the top institutions of its kind in the country, with 40 wards, 950 employes and more than 4,000 patients.

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Letters to The Editor:

To the Editor:

This is in reply to a rather heated letter of Dr Robert Johnston, as appeared on page 388 of the May, 1964, issue of the JOURNAL.

It is the desire of the author of the article, "Excision of Carotid Body for Advanced Emphysema," to convey his experience with the procedure. No mention, nor is the intention stated or implied to suggest that cervical glomectomy should substitute or serve as a definitive treatment for pulmonary emphysema. Reference is made to the article tha patients on whom this procedure was performed have all had the benefit of therapy of proven value such as antibioties, bronchodilators et cetera. As we all know, there is no curative treatment for pulmonary emphysema. Palliative improvement of its symptoms of shortness of breath is what the article was concerned with.

Secondly, since disturbances of blood pH O2 and CO2 level are known to exist in patients of advanced pulmonary emphysema, resection of carotid body seems to have as much rationale as in its employment for "Asthmatic" patients. The article did mention the necessity of clearer definition and connotation of the word "asthma." It is not believed, however, that "asthma," meant by Dr. Nakayama and Dr. Overholt, includes the so-called cardiac asthma or asthma due to obstructive lesion, such as foreign body or tumor of lung. In fact Dr. Nakayama arbitrarily set a length of 15 years of bronchial asthma as desirable for consideration of cervical glomectomy. Pulmonary emphysema usually would be present in such patients.

It is hoped that with the aid of a competent surgeon familiar in arterial surgery and anatomy of the neck, that the next patient with advanced pulmonary emphysema, for whom all medical measures have failed to improve his dyspnea, be given a chance to decide whether or not to elect to have this procedure. It is believed that the chances are that both the patient and the physician will be pleasantly surprised. It is also hoped that advances will be made in the understanding of pulmonary emphysema so that neither theoretical nor palliative treatment will be necessary to substitute for a curative treatment.

Sincerely yours,
JOHN L. SHEK

Bay City, Michigan
May 20, 1964

ear MSMS Members:

In recent years, front pages of newspapers and agazines have been full of reports of a phenome- n peculiar to the post World War II era of medi- ne—doctors' strikes. Italy, Japan, a Canadian Pro- nce, and more lately, Belgium have all had their are of headlines. Significantly, all of the strikes doctors in these nations have been caused by jections to government legislation hampering ivate initiative and the free practice of medicine. nd therein lies a warning to every practicing phy- ian in this country.

In Belgium, the representative groups of special- ts and the G.P.s were not united and failed to otest the introduction of the Leburton Social Se- rity Act in November, 1962. The Belgian Medical deration still had not protested the Leburton Act July, 1963, when, after assurances from the inister of Health to Belgian doctors that their sociation would be consulted on implementation the law, the Belgian Parliament passed the mea- re. These assurances later proved to be false, ving the way for a doctors' strike due to many jectional features of the law.

In the United States, the American Medical Asso- ation is the spearhead of the organized drive to mbat socialized medicine. The World Medical ssociation, of which AMA is a member, continues work in this direction on an international level. ationally, AMA's efforts are joined solidly by every leading allied professional medical organization. American doctors are fortunate to have medicine united and working together in this struggle for self-preservation.

Use every opportunity you have to support those who lead your fight nationally and internationally so that the principle of professional freedom in medicine may persevere.

Gerald D. Dorman, M.D.,
Secretary-Treasurer
World Medical Association
New York, New York

Bright Future in Mental Disease Prevention

The keys to the rapid progress we are making in the management of emotional disturbances are the new drugs and the treatment techniques which are at our disposal. We now measure treatment in terms of days, weeks, or months instead of years and decades. These medical advances also mean that the psychiatrist no longer stands alone—all physicians, regardless of specialty, have tools and knowledge enough to diagnose and manage many forms of mental illness. Nor have we yet really touched prevention's great potential.—Millard B. Bethel, M.D., in *Hawaii Medical Journal, Vol. 23, No. 3.*

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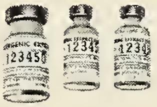

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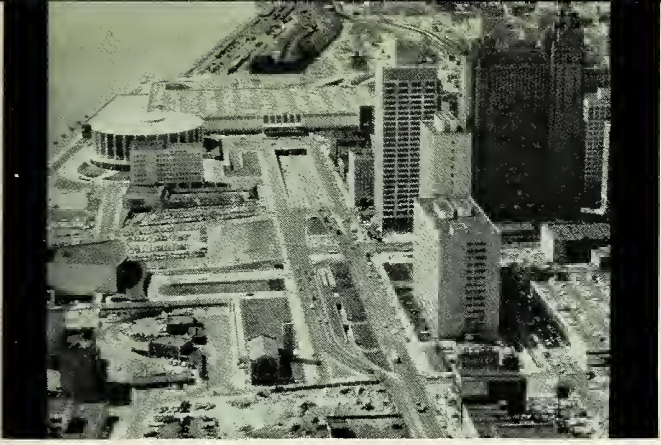

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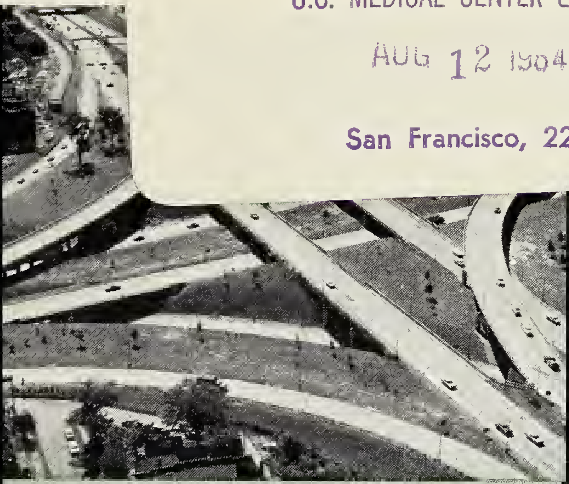

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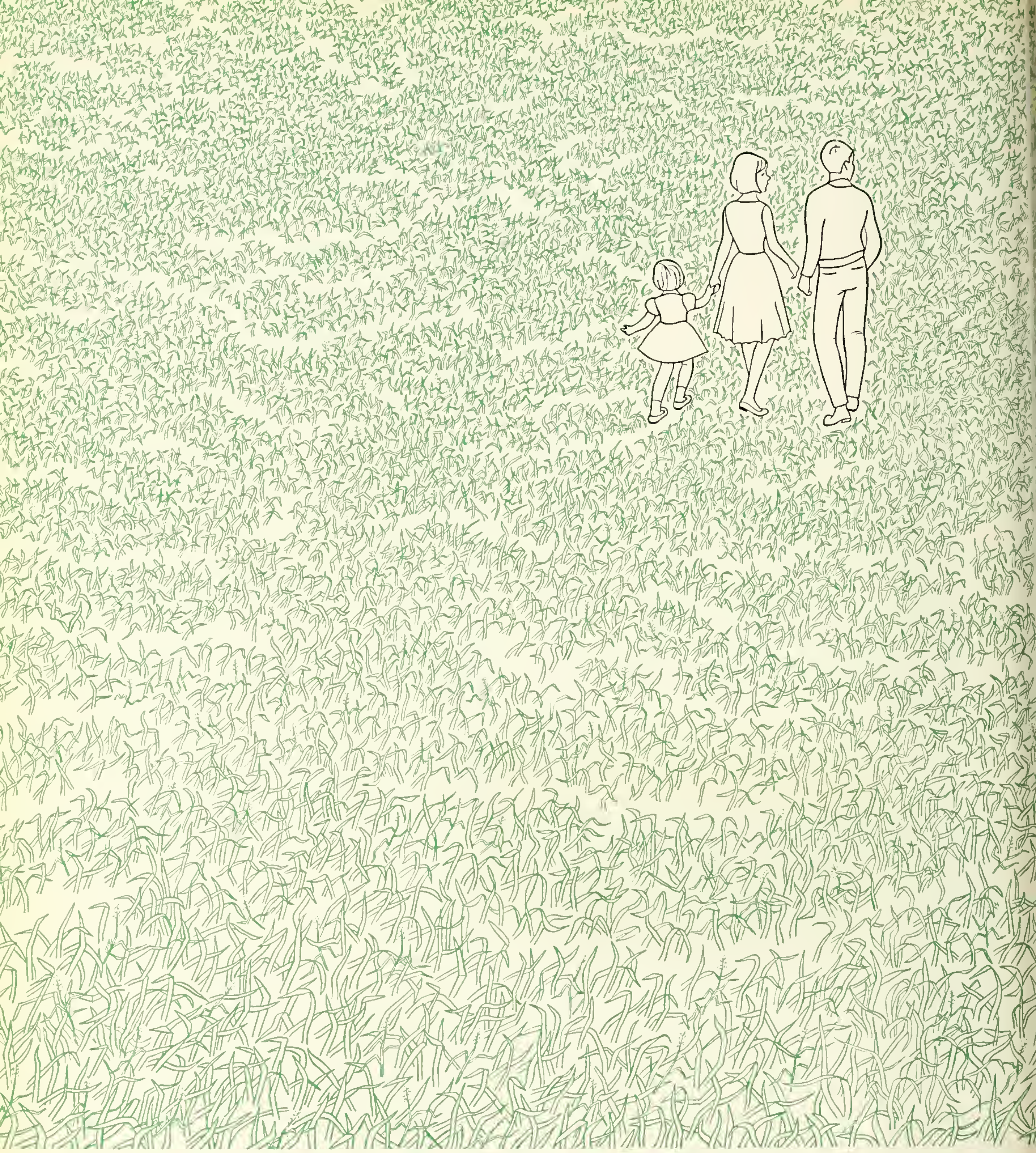

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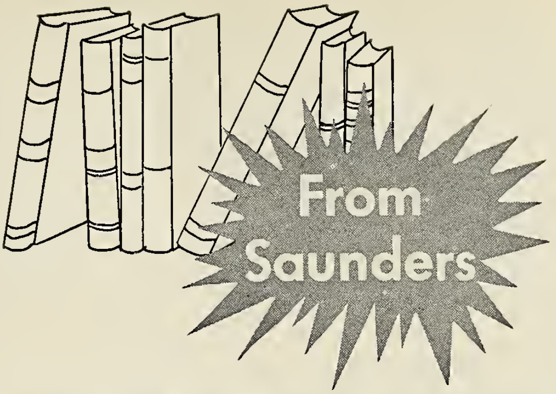

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President's Message

The Boys from Europe

By ORLEN J. JOHNSON, M.D.
MSMS President

Once upon a time in Europe a fellow developed a philosophy of governmental life called "Marxism." Through the years parallel governments of outright socialism and communism and others have evolved. Fascism reached its ultimate rise and fall under the maniacal leadership of Hitler.

The other proponents have been content seemingly to let their pet systems evolve piecemeal under patient adroit leadership and propaganda. In times of stress they have been able to advance rapidly. Lacking real crises they have planted in the minds of the public the need for collective programs under the aegis of government. The subtlety of these programs has inculcated in the minds of apparently sound citizens their reasonableness.

The American public repeatedly rejected socialist candidates—in fact made jest of them. But the cunning ones avoided the hazards of bold attack on all fronts. With wisdom they have taken advantage of temporary needs or crises and established segmental socialistic programs, there is no other name, which have become permanent. With great fluidity they have moved from phase to phase. Knowing that once they have accomplished a coup it was permanent yet alive and gradually more encompassing without effort.

The seemingly sound citizens accepted these developments for other people—yet when they struggle against those affecting their enterprise or lives it is futile. The strong currents, political and economic, have such force they can rarely be stemmed or diverted. There may be temporary surcease by compromise but the principle is lost. Legislation follows the pressure of demands. If this is too slow judiciary action seems to take over legislative function to hasten the inevitable.

Michigan's socialist pressure does not wear that label—yet familiar environment in the party and European training are indelibly obvious. Medicine has been waging an open battle on the obvious frontal attacks—to date—successfully. The protagonists have not been completely thwarted. Some of the programs in medicine which we have accepted—even fostered, may yet more completely engulf the private practice of medicine.

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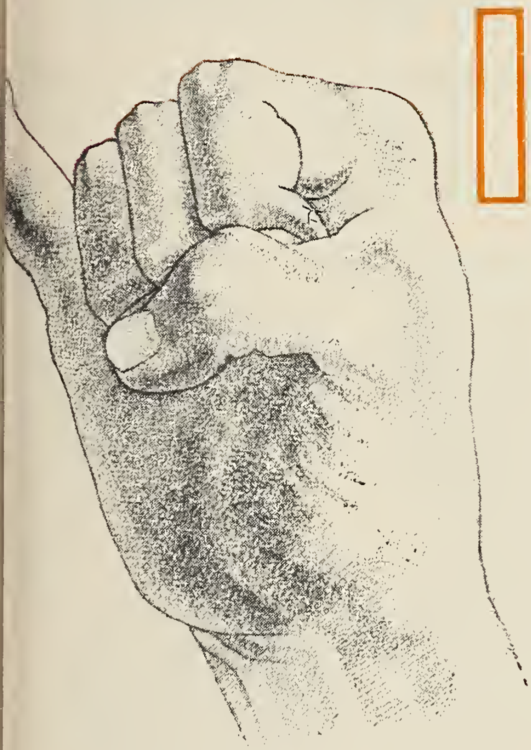

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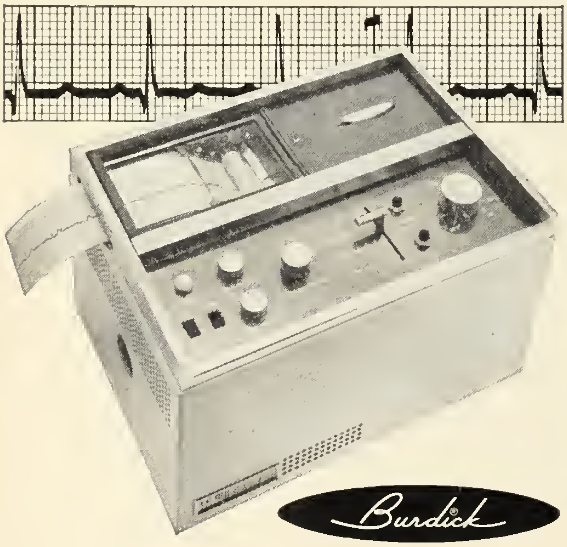

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NEWS BRIEFS

A community recognition banquet July 1 honored **John R. Heidenreich, M.D.**, a member of the MSMS delegation to the AMA, who has completed 25 years of service at Daggett. Tributes were paid by village, school and community officials and also by **W. S. Jones, M.D.**, Menominee, MSMS Past President.

Serving as chairman of the Clinton Township Community Relations Commission is **Rufus Courtney, M.D.**, Mt. Clemens.

A special citation for service to the Michigan School Health Association was awarded to **Oscar D. Stryker, M.D.**, Mt. Clemens. He is a former president of the MSHA, which made the award presentation at its 1964 annual meeting.

The largest farm in Shiawassee County has been purchased by **Leon Fill, M.D.**, Huntington Woods, from Cameron and John Carruthers, of Laingsburg. The farm covers 1,000 acres.

Speakers at the recent annual meeting of the National Tuberculosis Association and the American Thoracic Society in New York City included **E. Osborne Coates, M.D., Geoffrey L. Brinkman M.D.,** and **Benjamin M. Lewis, M.D.**, all three of Detroit.

The American Board of Obstetrics and Gynecology reports that the following Michigan doctors have been certified: From Detroit, **Harold M. Rosen, M.D.**; from Grand Rapids, **Louis Helder, M.D.**, and **Harrison C. Visscher, M.D.** From Ann Arbor, **William Rae Forsythe, M.D.**; from Dearborn, **Robert Ross Turner, M.D.**; from Grosse Pointe Farms, **William H. Jevons, M.D.**; from Kalamazoo, **John William Hendrix, M.D.**; from Lansing, **Joseph A. Caruso, M.D.**; from Livonia, **Julio B. Acosta, M.D.**; from Warren, **William A. Starbird, M.D.**; from Wyandotte, **George W. Danz, M.D.**

Raymond J. Dauphinais, director of the Legal Division of the American Pharmaceutical Association, Washington, D. C., has been appointed professor of Pharmacy Administration at Wayne State University. Mr. Dauphinais will assist Dr. Martin Barr, dean of the College of Pharmacy, in administrative measures.

D. Emerick Szilagyi, M.D., Detroit, delivered the 30th annual Edwin A. Jarecki Memorial Lecture at Philadelphia's Albert Einstein Medical Center. He discussed "Surgery of the Abdominal Aorta: The Lessons of Twelve Years."

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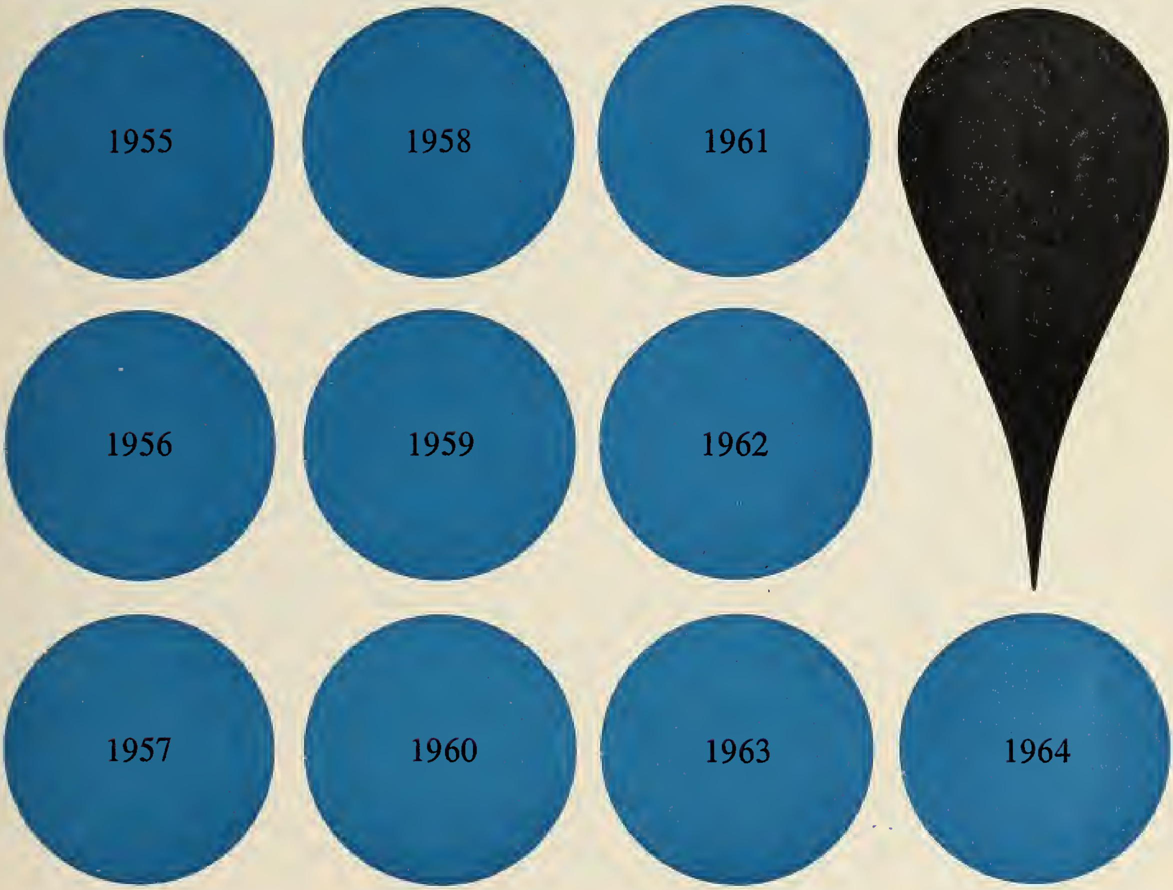
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Edward Crippen, M.D., at right, formerly of Mancelona, helps with the inspection in Nepal of 100,000 doses of smallpox vaccine from the United States as a contribution of Wyeth Laboratories. Doctor Crippen, now home on leave, has been serving as Chief of the Public Health Division of the Agency for International Development's mission in Kathmandu, Nepal.

President of the Michigan College Health Association is **Robert E. Anderson, M.D.**, Flint, who serves as a consultant for student health at General Motors Institute and as a consultant physician for Flint Junior College.

A paper by **Shattuck W. Hartwell, M.D.**, Muskegon, was presented in Paris before the International Conference on Wound Healing. The Conference was sponsored by the French National Center for Scientific Research.

Leonard Himler, M.D., Ann Arbor, was cited at a special honors banquet by Mercywood Hospital, Ann Arbor, "for his 20 years of faithful dedicated service."

The new president of the Calhoun County Community Council is **Richard J. Campbell, M.D.**, Battle Creek, as past president of the Calhoun County Medical Society.

The Ionia-Montcalm Chapter of the Michigan Society for Mental Health presented a framed certificate to **P. C. Robertson, M.D.**, retired superintendent of the Ionia State Hospital, for his many years of service.

Lula Belle Stewart, M.D., Detroit, has been named "Physician of the Year" by the Detroit Medical Society. The presentation was made by **Charles Wright, M.D.**, Detroit, who received the honor last year.

A paper about "The Use of Computers in Diagnosis of Peripheral Vascular Disease" was given by **James C. Breneman, M.D.**, Galesburg, at the annual meeting of the American College of Angiology at Las Vegas.

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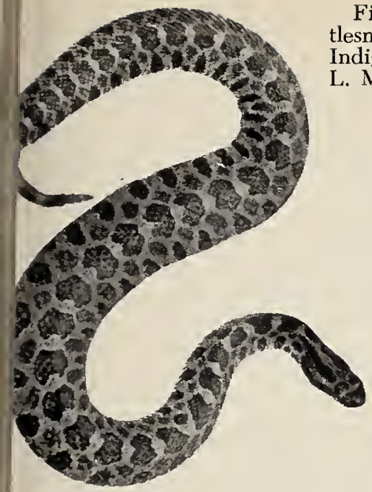

Fig. 1. Eastern Massasauga (Rattlesnake), the Only Poisonous Snake Indigenous to Michigan. (Courtesy of L. M. Klauber, Reference 2).

MASSASAUGA BITES IN MICHIGAN

BY **HENRY M. PARRISH, M.D., DR.P.H.**

Massasaugas are small rattlesnakes of the genus istrurus. They are the only poisonous snake inigenous to Michigan.[1,2] Poisonous snakebites are t common in the East North Central Region of e United States, but they occur more frequently an many people suppose.

Michigan has the second highest annual snakeite rate of the states in this region. The annual akebite rates per 100,000 population are: Indiana 0.97); Michigan (0.74); Ohio (0.46); Wisconsin 0.38) and Illinois (0.35).

Deaths from poisonous snakebites are rare in ichigan—there were no deaths during the tenear period, 1950-1959.[3]

Almost nothing has been published about poisonus snakebites in Michigan. The purposes of this tudy are: (1) to describe the pattern of poisonous nakebites in Michigan; (2) to relate some medical indings associated with these bites; and (3) to eview briefly current concepts of snakebite treatent.

MASSASAUGAS

According to Conant,[1] the eastern massasauga *(Sistrurus catenatus catenatus)* is the only poisonous snake indigenous to Michigan. Klauber[2] stated that this snake is generally distributed in Lower Michigan, but has not been reported in Upper Michigan. The massasauga also is called the "swamp rattler" or the "black snapper." It is a relatively small snake, 12 to 30 inches in length, with dark blotches on the back. Some specimens are almost entirely black. In general, they prefer a swampy environment. See Figure 1 for a photograph of a massasauga.

Massasaugas are pit vipers. Other pit vipers not indigenous to Michigan are the larger rattlesnakes *(Crotalus sp.)*, copperheads and cottonmouth moccasins. Pit vipers are so named because of a characteristic pit which is located between the eye and nostril on each side of the body. Pit vipers also are identified by elliptical pupils and by two well-developed fangs which protrude from the maxillae when the snake's mouth is opened. Rattlesnakes have rattles which are attached to their tails. Harmless snakes do not have facial pits, they have round rather than elliptical pupils, and while they have teeth, they lack fangs.

Oftentimes people will chop off the head of a snake which has bitten someone and bring the

SCIENTIFIC PAPERS

From the Department of Community Health and Medical Practice School of Medicine, University of Missouri, Columbia, Missouri.

This investigation was supported in part by Public Health Service Research Grant GM 11268-02 from the Division of General Medical Sciences, Public Health Service.

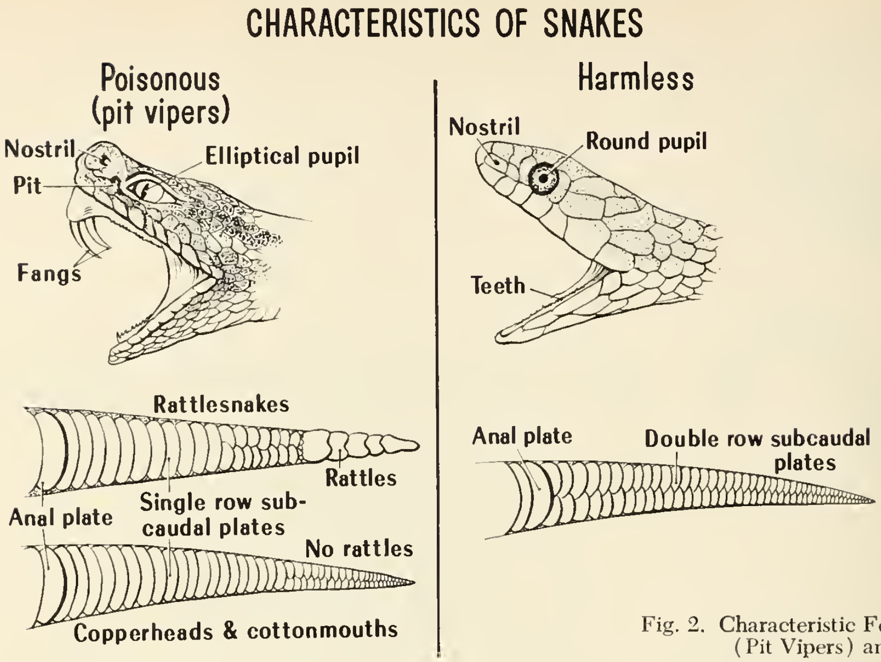

Fig. 2. Characteristic Features of Poisono (Pit Vipers) and Harmless Snake

snake's body in for identification. Pit vipers can be identified by turning the snake's belly upwards and noting a single row of subcaudal plates just below the anal plate. Harmless snakes have a double row of subcaudal plates.

Figure 2 depicts the characteristic features of pit vipers and harmless snakes.

METHODS OF STUDY

A questionnaire and letter explaining the purpose of this study were mailed to a "selected" group of Michigan hospitals listed in Hospitals (Journal of the American Hospital Association) Guide Issue. The hospitals selected for this study were general hospitals, children's hospitals and college infirmaries. Army, Navy, Coast Guard, Public Health Service, Air Force and Veterans Administration hospitals also were sent questionnaires. Maternity, tuberculosis and mental hospitals were omitted as they would not be expected to treat snakebite victims. A total of 191 Michigan hospitals comprise the study group. Each hospital was requested to report all in-patients admitted to the hospital for snakebite treatment during 1958 and 1959.

Most hospitals do not code and tabulate the diagnoses of emergency room and out-patient clinic visits. Since some snakebite victims are not admitted to the hospital as in-patients, it seemed essential to ask a sample of practicing physicians how many snakebite victims they treated on both an out-patient (office, home, emergency room, et cetera) and on an in-patient basis.

Previous surveys[4,5] have shown that most people with venomous snakebites are treated by general practitioners, surgeons, internists, pediatricians, and orthopedic surgeons. Therefore, a random sample of one-third of all the Michigan physicians in thes categories of practice who were listed in the AM American Medical Directory were sent questio naires.

Death certificates for fatal snakebite cases wer obtained from the Michigan Department of Healt

RESULTS

This report is based on questionnaires returne by 190 (99 per cent) of 191 Michigan hospitals. I is supplemented by questionnaires returned by 98 (77 per cent) of 1,272 practicing physicians in th State. The Michigan Department of Health indicated that there were no snakebite deaths durin 1958 and 1959.

Incidence.—Michigan hospitals reported a tota of 29 in-patients treated for poisonous snakebite during 1958 and 1959. There were 14 cases in 195 and 15 cases in 1959—an average of 14.5 cases pe year. *All of the analyses in this paper, excludin the estimate of incidence, were based on the 2 detailed case reports received from hospitals.*

Physicians' reports, when adjusted to account fo all Michigan physicians in the practice categories mentioned, indicated that approximately 26 in-patients and 32 out-patients were treated for snakebite accidents each year. The difference between the estimate of 26 in-patients treated by physicians and the average of 14.5 in-patients reported by hospitals can be explained, in part, by the following facts: (1) one large hospital did not participate in the study; (2) there was evidence of under reporting snakebite in-patients from five hospitals which participated in the study; and (3) physicians indicated that some in-patients were treated in small clinics and hospitals not listed in Hospitals Guide Issue.

Taking all of these various reports into consideration, I estimate that approximately 58 (26 in-patients and 32 out-patients) people are treated annually for poisonous snakebites in Michigan. This provides an incidence of 0.74 bites per 100,000 population per year.

Geopathology.—The geographical distribution of snakebites reported in Michigan during 1958 and 1959 may be seen in Figure 3. The lightly shaded counties are those from which hospitals reported in-patients treated for snakebites. An appropriate symbol is used to mark each hospitalized patient who was bitten by a specific kind of snake. The darker shaded counties are those counties from which physicians reported snakebite cases, but from which no cases were reported by hospitals.

Of 29 people hospitalized for snakebite treatment for whom detailed records were available, 19 (66 per cent) were bitten by rattlesnakes and 10 (34 per cent) by unidentified poisonous snakes. Two professional snake handlers were bitten by western diamondback rattlesnakes *(Crotalus atrox)* while handling snakes during sideshows in Cheboygan. The other 17 rattlesnake bites presumably were inflicted by massasaugas *(Sistrurus catenatus catenatus)*.

Figure 3 shows that no poisonous snakebites were reported from Upper Michigan. The majority of bites were reported from the southern one-half of Lower Michigan. If one excludes the two bites by non-native, western diamondback rattlesnakes in Cheboygan, all of the rattlesnake bites were in the southern one-half of Lower Michigan. Likewise, with one exception, all of the bites by unidentified poisonous snakes were in the southern part of Lower Michigan. Most likely these bites also were inflicted by massasaugas. This geographical distribution of bites is consistent with the ecological range of massasaugas in Michigan described by Conant[1] and Klauber.[2]

Temporal Relationships.—The monthly distribution of snakebite accidents is shown in Table I. Snakebites were infrequent during the colder months of the year—November through April. In general, snakes are usually inactive and/or hibernating during the colder months.

All of the snakebites in Michigan happened from May through October. August was the peak month for bites. This striking seasonal distribution of bites coincides with the time that snakes are most abundant and active and with the time that people have greater exposure due to out-of-doors occupations and recreation. Similar "seasonal epidemics" of venomous snakebites have been observed in New England, and North Carolina.[4,5]

The time of day when most snakebite accidents happened was the six-hour period from 3:00-8:59 P.M. when 16 (55 per eent) people were bitten. The number of bites by three-hour periods of time were: 6:00-8:59 A.M., 2 bites; 9:00-11:59 A.M., 4 bites; 12:00 noon-2:59 P.M., 3 bites; 3:00-5:59 P.M., 10 bites; 6:00-8:59 P.M., 6 bites. There were no

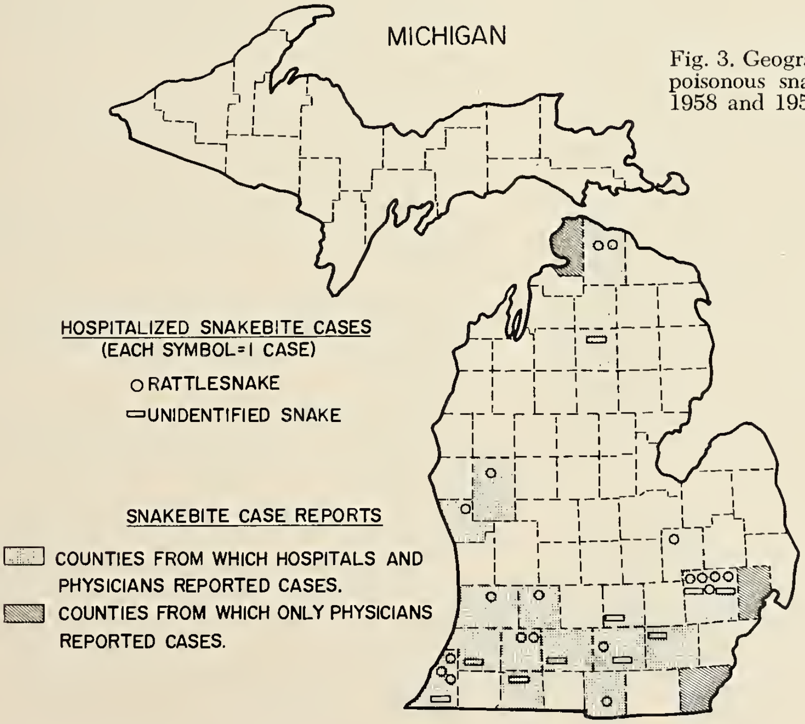
MICHIGAN
HOSPITALIZED SNAKEBITE CASES
(EACH SYMBOL=1 CASE)
○ RATTLESNAKE
▭ UNIDENTIFIED SNAKE
SNAKEBITE CASE REPORTS
░ COUNTIES FROM WHICH HOSPITALS AND PHYSICIANS REPORTED CASES.
▨ COUNTIES FROM WHICH ONLY PHYSICIANS REPORTED CASES.

Fig. 3. Geographical distribution of poisonous snakebites in Michigan, 1958 and 1959.

Tables of Information About Snakebites:

TABLE I. SEASONAL DISTRIBUTION OF POISONOUS SNAKEBITES IN MICHIGAN
1958 and 1959

Month	No. Bites	Month	No. Bites
January	0	July	6
February	0	August	8
March	0	September	5
April	0	October	2
May	2	November	0
June	6	December	0

TABLE II. AGE DISTRIBUTION OF HOSPITALIZED SNAKEBITE VICTIMS IN MICHIGAN
1958 and 1959

Age Group (years)	Population at Risk*	No. Bites	Rate per 100,000**
0-9	1,848,246	9	0.49
10-19	1,307,678	10	0.76
20-29	920,921	2	0.22
30-39	1,094,460	3	0.27
40-49	969,972	3	0.31
50-59	750,886	2	0.27
60-69	543,763	0	0.00
70 or more	387,268	0	0.00

*Based on the 1960 Census of the Population of Michigan.
**These rates are only on hospitalized patients for whom information was available.

TABLE III. ANATOMICAL SITES OF BITES INFLICTED BY POISONOUS SNAKES IN MICHIGAN
1958 and 1959

Anatomical Site of Bite	Side of Body Right	Left	Total No. of Bites
Head, face & neck	0	0	0
Trunk, front	0	0	0
Trunk, back	0	0	0
Upper arm	0	0	0
Forearm	0	1	1
Hand	2	3	5
Fingers	8	4	12
Upper leg	0	1	1
Lower leg & ankle	4	1	5
Foot	3	2	5
Toes	0	0	0

bites between 9:00 P.M. and 5:59 A.M. For four cases the time of the bite was not recorded.

Bite Victims.—There were 16 white males, 12 white females, one non-white male and no non-white females admitted to Michigan hospitals for snakebite treatment during 1958 and 1959. The non-white male was a Negro. Using the 1960 census for the population of Michigan the bite rates per 100,000 population were: 0.45 for white males, 0.28 for non-white males, 0.34 for white females and 0.00 for non-white females. Thus, males had higher snakebite rates than females and whites had higher rates than non-whites.

The age distribution of Michigan bite victims is shown in Table II. The largest number of bites happened to children and youths 10-19 years of age (10 bites) and those 0-9 years of age (9 bites). Indeed 66 per cent of all snakebites were inflicted on children and young adults less than 20 years of age. Age-specific bite rates are much more meaningful since they take into account the population at risk in a particular age group. The highest bi-annual bite rates per 100,000 population were: 10-19 years of age (0.76) and 0-9 years of age (0.49). The lowest bite rates were found among people 60 or more years of age.

An analysis of the occupations of the patients showed that 15 were children and two each were housewives, professional snake handlers, managers, clerical workers, farm laborers and laborers other than farm laborers. One victim was a craftsman and the occupation was not coded for one patient.

Site and Severity.—The anatomical sites on human beings where poisonous snakes inflicted their bites are shown in Table III. All of the bites were inflicted on the extremities—62 per cent on the upper extremities and 38 per cent on the lower extremities. The fingers and hands were the parts most often bitten on the upper extremities. The feet and lower legs, including the ankles, were the parts most frequently bitten on the lower extremities.

A modification of the clinical classification of pit viper venenation by Wood, Hoback and Green[6] was used to determine the severity of bites. Bites were classified as follows:

Grade O—*No venenation.* Fang or tooth marks, minimal pain, less than 1 inch of surrounding edema & erythema. No systemic involvement.

Grade I—*Minimal venenation.* Fang or tooth marks, severe pain, 1-5 inches of surrounding edema & erythema in first 12 hours after bite. No systemic involvement usually present.

Grade II—*Moderate venenation.* Fang or tooth marks, severe pain, 6-12 inches of surrounding edema & erythema in first 12 hours after bite, systemic involvement may be present—nausea, vomiting, giddiness, shock or neurotoxic symptoms.

Grade III—*Severe venenation.* Fang or tooth marks, severe pain, more than 12 inches of surrounding edema & erythema in first 12 hours after bite, systemic involvement usually present as in Grade II.

The severity of venenation (venom poisoning) was classified as follows for 20 hospitalized cases: 10 (50 per cent) were Grade O; five (25 per cent) were Grade I; two (10 per cent) were Grade II; and three (15 per cent) were Grade III. Not included in this analysis of severity were two men bitten by western diamondback rattlesnakes which resulted in Grade III-severe venenations, and seven cases in which the severity was not stated.

There were no deaths among the 29 hospitalized cases in this series. Furthermore, there were no snakebite deaths in Michigan from 1950 through 1959.[3] The case-fatality rate for massasauga bites in Michigan is estimated to be less than one-tenth of one per cent.

Most deaths from snakebites in the United States result from bites by the larger rattlesnakes *(Crotalus sp.)*. Bites by the smaller rattlesnakes *(Sistrurus sp.)* are not nearly so lethal, especially if they are treated adequately. The low case-fatality rate from snakebites in Michigan may be attributed to: (1) the fact that massasaugas are small rattlesnakes whose bites are not so lethal; (2) the prompt availability of medical care; and (3) the effectiveness of current snakebite treatment.

TREATMENT

The current treatment of North American pit viper (rattlesnake, cottonmouth, moccasin and copperhead) bites includes both minor surgery and medical forms of treatment. A constricting band (tourniquet) should be applied lightly to the involved extremity several inches proximal to the bite. The constricting band should be applied only tight enough to occlude the superficial venous and lymphatic flow. *It should not occlude the arterial circulation* and it should be released every 10-15 minutes for a minute or two. As edema resulting from venom poisoning spreads, the constricting band should be advanced to keep just ahead of the swelling. The purpose of the constricting band is to impede the spread of venom until incision and suction can be used to remove the venom mechanically and/or until antivenin can be administered to neutralize the venom.

Incision and suction (I.S.) is effective in removing venom from experimental animals up to about 120 minutes after the venom is injected. The sooner it is used, the larger the amount of venom that can be removed. Suction should be used for about one hour. We have found the suction cups supplied in the Cutter and the Becton-Dickinson snakebite first-aid kits effective for removing pit viper venom.

Incisions, one-quarter inch long and one-eighth to one-quarter inch deep, are made into the subcutaneous tissues over the fang punctures. A few (3-5) additional incisions may be made in the surrounding edematous tissues. A large number of incisions is not needed. Immobilization aids in limiting the spread of venom. However, if one must decide between immobilization or seeking prompt medical treatment, the latter should be sought.

The "3 A's" (antivenin, antibiotics, and tetanus antitoxin and/or toxoid) are recommended, in addition to I.S., in treating all serious pit viper bites. Antivenin Crotalidae Polyvalent (Wyeth) is effective in neutralizing the venoms of all North American pit vipers. It is not protective against coral snake venom. Since antivenin is manufactured from horse serum, the patient should receive a skin test before antivenin is given.

For Grade I venenations, antivenin may be administered in the deltoid or gluteus muscles. In Grade II and Grade III venenations, antivenin diluted in 1000 cc. of normal saline may be given intravenously.[7] Studies with radioisotopes have shown that antivenin accumulates at the site of the bite more rapidly after intravenous administration than after intramuscular administration.[8] Injection of antivenin into the local bite area is not a particularly effective way to administer antivenin. We have found the following amounts of antivenin useful in treating the various Grades of venenation: Grade O (no venenation) requires no antivenin; Grade I (minimal venenation) may require 10 cc. (one ampoule) of antivenin; Grade II (moderate venenation) requires 30-40 cc. of antivenin; and Grade III (severe venenation) requires 50 cc. or more of antivenin.

Since snakes' mouths and venoms may harbor pathogenic organisms, antibiotics and tetanus antitoxin and/or toxoid should be given prophylactically. Gram negative organisms predominate, hence a broad spectrum antibiotic is indicated. Penicillin used by itself is not adequate treatment.

Cortisone and ACTH do not affect the survival rate of animals poisoned with pit viper venom. They probably should not be used during the first few days after venenation, although they may be beneficial later in treating serum sickness resulting from antivenin therapy. Antihistamines are contraindicated as they shorten the survival time of animals poisoned with pit viper venoms. Shock resulting from venom poisoning should be treated with infusions of blood, plasma, saline solution and vasopressor drugs. Meperidine hydrochloride and other analgesics may be given to relieve pain. Recently there have been reports of excessive tissue necrosis and amputations associated with cold therapy such as packing an extremity in ice or using ethyl chloride.[8] In my opinion, cold therapy should not be used in treating pit viper bites.

SUMMARY

Michigan has the second highest annual incidence of poisonous snakebites of the states in the East North Central Region of the United States. An estimated 58 (26 in-patients and 32 out-patients) people were bitten by snakes annually—an incidence of 0.74 bites per 100,000 people. However, the estimated case-fatality rate was less than one-tenth of one per cent.

Of 29 in-patients reported in detail by Michigan hospitals during 1958 and 1959, 19 (66 per cent) were bitten by rattlesnakes and 10 (34 per cent) by unidentified poisonous snakes. "Seasonal epidemics" of snakebites occurred with all of the bites inflicted from May through October. August was the peak month for bites. All of the bites happened in Lower Michigan, none in Upper Michigan.

Males had higher bite rates than females, and whites had higher rates than non-whites. Sixty-six per cent of the cases were among children and young adults less than 20 years of age. All of the bites were on the extremities—62 per cent on the upper extremities and 38 per cent on the lower extremities. Current snakebite treatment is discussed.

ACKNOWLEDGMENT

The author cites with gratitude the technical assistance of the following persons: Judi Pummill, Genevieve Calescibetta, and Linda Hinson.

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Physician Employment in the 1960's

The U. S. Labor Department in its Occupational Outlook Report gives the following information to high school youngsters about M.D. job opportunities:

"A steady increase in demand for physicians' services is in prospect in both the near future and the long run. The need for medical services will be increased by the anticipated growth and change in the age composition of the population, the rising health consciousness of the public, and the trend toward higher standards of medical care.

"Continued Federal Government provision of medical care for veterans and for members of the Armed Forces and their families, and the continuing growth in the fields of public health, rehabilitation, industrial medicine, and mental health will also tend to bring about a need for more doctors. In addition, expanded medical research activities will require more trained investigators; medical schools will have openings for additional faculty members; and the growing number of hospital training programs will require more interns and resident physicians.

"The rise in demand for physicians' services will be limited to some extent by advances in medical science and more efficient use of medical personnel. The introduction of new drugs and medical techniques, the more extensive use of assistants trained in other health occupations and the increasing proportion of patients treated in hospitals rather than at home will probably enable individual physicians to care for more patients.

"Improved roads and transportation facilities as well as the movement of people to urban areas will continue to decrease the time needed to make house calls. Nevertheless, population expansion and the general rise in use of medical services are expected to outweigh any lessening in demand for physicians arising from other developments. For all these reasons, the long-run outlook is very bright for young people who have proper qualifications and are able to gain admittance to medical school.

"Women physicians, who represent about 6 per cent of the profession, will continue to find good opportunities as general practitioners and as specialists. In 1960, about 6 per cent of all medical school students were women."

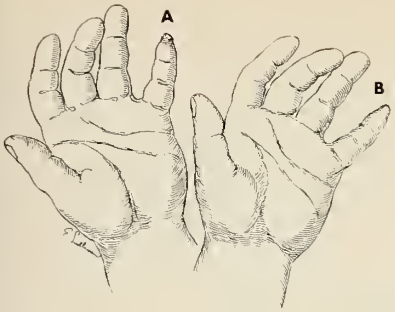


Fig. 1. The loss of small areas of finger tip skin in young children will heal rapidly by secondary intention without the need for operative treatment.

The Common Finger Tip Injury

BY
WILLIAM C. GRABB, M.D.
REED O. DINGMAN, M.D., FACS

Trauma to the finger tips is quite common. These injuries may cause the loss of skin as well as tactile pad, distal phalangeal bone, and fingernail. Repair of the finger tip following the loss of tissue should be individualized in order to provide a nontender finger with the maximum sensory function, length, and range of motion.

Any of the following techniques may be employed depending upon the age of the patient, the finger involved, and the extent of tissue loss.

ALLOW WOUNDS TO HEAL BY SECONDARY INTENTION

Young children, particularly those under four years of age, who have a loss of superficial finger tip tissue less than 1 cm. in diameter usually require no treatment other than to treat the wound by dressing changes (Fig. 1). These wounds heal rapidly by epithelization and contraction of the defect over the period of a few weeks.

This exception to the usual rule of primary closure of wounds applies only to young children. In older children and adults, more elaborate treatment is required.

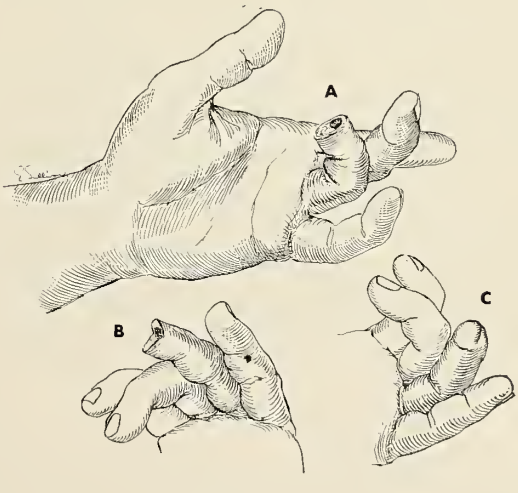
PRIMARY CLOSURE

Finger tip injuries which result in the exposure of bone can be treated by primary closure (Fig. 2). This technique is especially applicable when there is a dorsal or volar flap of viable skin available. It can also be employed for closure of the severed middle, ring, or little finger tip where maintenance of length is not so important. This is particularly true in the laborer's hand.

A practical technique for primary closure of the guillotine finger tip amputation is to shorten the distal phalangeal bone with a rongeur, excise a "V"-shaped piece of skin from the medial and lateral aspect of the finger tip, and then suture the resulting skin flaps (Fig. 2). An effort should be made to design the flaps so that the suture line will be on the dorsum of the finger in order to avoid a scar on the tactile surface.

If the nail has been almost completely destroyed it is best to curette away the remaining nail matrix

Fig. 2. Primary closure is especially applicable for treatment of the amputated little, ring or middle finger tip where the maintenance of finger length is not so important. It is often necessary to shorten the distal phalangeal bone and excise a "V"-shaped portion of soft tissue and skin in order to obtain closure.



From the Department of Surgery, School of Medicine, University of Michigan and the Department of Plastic Surgery, St. Joseph Mercy Hospital, Ann Arbor, Michigan.

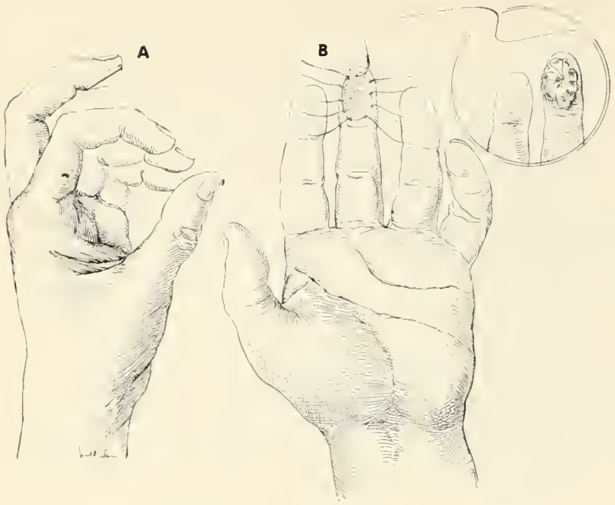


Fig. 3. A skin graft can be used for wound closure when skin and a superficial portion of tactile pad are lost. After the graft has been sutured in place, the sutures can be left long and tied over a cotton ball to hold the graft in contact with the wound.

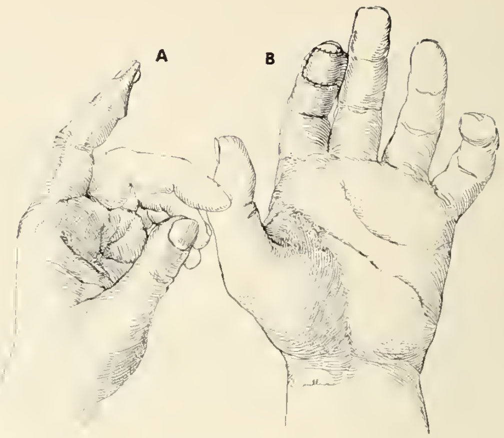


Fig. 4. A cross finger flap will provide wound closure when distal phalangeal bone is exposed. The flap donor site on the dorsum of the adjacent fingers can be closed with a split thickness skin graft.

to prevent the growth of troublesome irregular pieces of nail. It should be remembered when curetting, that the martix of the nail extends quite proximally, beginning at the insertion of the conjoined tendon of the extensor mechanism.

SKIN GRAFTS

The slicing finger tip injury in which skin and a superficial portion of tactile pad are lost can be treated by closure with a split thickness skin graft (Fig. 3). The graft will gradually contract during healing with a decrease in size of the finger tip defect by as much as 50 per cent. Nerve endings can be expected to grow into the graft so as to provide satisfactory sensation of the finger tip.

Skin grafts provide an unsatisfactory coverage for exposed bone, even though it is just a cross section of the bone resulting from guillotine amputation of the finger tip. Grafts which become adherent to bone usually result in a tender disabling scar.

These skin grafts can usually be applied in the emergency room under local anesthesia. Obviously devitalized tissue can be debrided and hemostasis can be obtained with a fine tipped electrocautery. The split thickness skin graft is usually obtained with a razor blade from the deltoid region in males or the buttock in females. The graft can be sutured in place and the suture ends used to tie over a cotton ball to hold the graft in contact with the wound. This dressing can be removed in five to seven days.

SKIN FLAPS

Injuries to the finger tips which result in a loss of skin and tactile pad so that bone is exposed can be repaired with a skin flap (Fig. 4) or by shortening the distal phalangeal bone and closing the wound by primary suture. A skin flap is indicated especially when the index finger or thumb are involved, as it is important to retain all possible length of these fingers. The thumb, index, and middle finger tips are the ones injured most commonly.

The cross finger flap is preferred to the palmar, abdominal, or chest wall flap. Use of the palmar flap results in an increased incidence of finger joint stiffness, while the abdominal and chest wall flaps are too bulky and provide poor sensory function.

Cross finger flaps are elevated usually from the dorsum of the middle phalanx of the adjacent finger. The flaps can extend from the midlateral line on one side of the finger to the midlateral line

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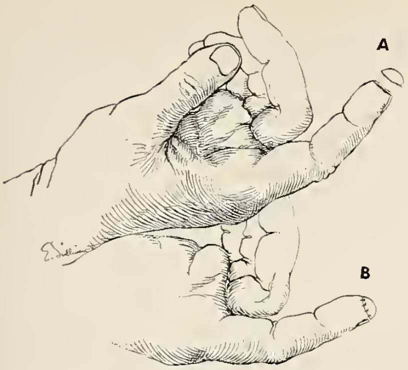

Fig. 5. Cleanly severed finger tips may survive if they are sutured back in place within three or four hours.

on the other side, avoiding the joint creases. A thin layer of areolar tissue is left on the extensor tendon so that a split thickness skin graft can be sutured over the defect and held in place with a tie-over dressing. It is unnecessary to take special precautions to keep the fingers from pulling apart. The base of the flap can be divided safely in about two weeks.

Multiple finger tip injuries with loss of skin and tactile pad can be repaired with multiple cross finger flaps or a cross arm flap. The cross arm flap utilizes the thin hairless skin of the upper forearm for coverage, which is preferable to the thick flaps obtained from the abdominal and chest walls.

RESUTURE OF SEVERED FINGER TIP

The resuture of cleanly severed finger tips should be mentioned although the rate of success has been discouraging (Fig. 5). Obviously the smaller, less contused portions of skin and tactile pad have the best chance of surviving. It is important to resuture the severed finger tip within three or four hours of the time of injury. If the finger tip is to become viable there will be a return of color in two or three days.

SUMMARY

Useful methods for the repair of common finger tip injuries with loss of tissue have been presented. Treatment must be individualized in order to obtain a healed finger tip with the maximum sensory function, length, and range of motion and with minimal tenderness, joint stiffness, and intolerance to cold.

COMING IN SEPTEMBER

WATCH FOR these and other timely and informative articles scheduled to appear in coming issues.

Overweight Children

A. F. Robertson, M.D., and G. H. Lowrey, M.D. A review of the problems of obesity in children, based upon the records of 100 overweight children, none of whom had a specific endocrinological disorder.

Adrenalectomy for Ascites

C. P. Petermann, M.D. A case report of a new approach to the treatment of intractable ascites.

A Clinical Evaluation of Polythiazide

J. F. Sanders, M.D. A 15-month study of the use of polythiazide in 135 aged domiciliary patients.

A placebo effect is discoverable in medication independent of the pharmacological action thereof. The placebo effect is the psychosomatic resultant of psychological processes which have become unconsciously attached to therapeutic endeavors. Symbolizing as it does to the patient the gratification of infantile needs, the placebo can serve to relieve functional components of discomfort and disability. Placebo should be acknowledged as a potent force of our therapeutic armamentarium.

The Therapeutic Use Of Placebo

BY GORDON R. FORRER, M.D.

Amid the swirly smoke in a flame-lit hut a witch doctor shakes a secretly compounded powder on a supine "patient." Wildly chanting his primitive litany, he watches the "patient" recover and rise to his feet. He has performed the seemingly miraculous. A man thought dead has become once more alive. Another "cure" has been added to a long list of other successes the sorcerer has to his credit.

A little boy comes screaming to his mother. He has just fallen and scratched his knee. The mother gathers him up and crooning her sympathy, kisses the injury. The child first stops crying, then smiles and wiggles to be let down to return to his play. His mother's caress has cured his hurt and if you ask him, he will tell you that it was indeed her kiss—the touch of her lips—that took away the pain.

A nurse on night duty sees the flashing of a night light and goes to see how she can be of help. A patient cannot sleep. An order for a sleeping capsule has been left and the nurse now fills the doctor's order. Even before she has left the patient's room she observes that he is already asleep! She is so used to this kind of occurrence that she doesn't pause to consider the curious fact that the patient reacted to the drug *even before its pharmacological effects could have begun.*

At first glance the three episodes are independent of each other in time and space and have nothing whatsoever in common. The witch doctor's sorcery is thousands of miles and as many years away from the sophisticated pharmaceutical industry. And neither episode seems to have the remotest relationship to a mother's concern for her son's skinned knee! But we discover that there is, indeed, a relationship which joins together these otherwise disparate occurrences. For observe that in each instance a therapeutic effect has been brought about by means which are not at all self evident and which, in fact, seem to have no real relationship to these therapeutic results.

At first, all we observe is that "something has been done" allowing for the fact that a descriptively different act was performed in each case.

And since in each instance, "what was done" could not have produced the observed effects by itself, we must assume that a goodly measure of the effect was unrelated to "what was done." In other words, the dramatic effects which were observed had little to do with what seemingly was done to produce them.

Every medication, every surgical and medical procedure, has besides the mechanical and pharmacological effects on those to whom they are administered, influences which are entirely psychological. A great many factors enter into the extent, quality, and direction of these psychological events. We are accustomed to refer to them as placebo effects, and as every physician knows, these effects can be "for bad" as much, but not as often, as "for good." Just how many "side effects" are negative placebo reactions rather than the consequences of undesired pharmacological activity will probably never be known for man has as great a capacity to avoid seeking solutions to curiosity arousing observations as to pursue them. Modern day emphasis on pharmacological potency tends to obscure the fact that every drug has unmeasureable, but highly significant placebo components. Frequently patients react to drugs as "they are expected to" by medical people and in no field is this more evident than in psychiatry.

Looking back through hundreds of years, or even less, it is easy to see that even though it was unrecognized at the time, most of the efficacy of medical practices was in fact ascribable to the placebo effect. We can make such a claim with

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ustification, for drugs of proven pharmacological inactivity were, according to reports, as effective in certain illnesses as their modern-day pharmacologically active counterparts.

Now patients and doctors of these ancient times have something in common with patients and doctors of these modern ones. Most of us adhere unthinkingly to the assumption that medical practices are effective *solely* because of their physical or pharmacological elements. The placebo effect is quietly ignored despite its ubiquitous importance. In fact, because of the demonstrable pharmacological activity of modern drugs, we mistakenly and understandably attribute *all* of their therapeutic efficacy to this particular fact. We casually ignore, indeed, we studiously avoid any real attentiveness to the fact that the very administration of a drug produces psychological as well as physiological effects.

Take the many compounds available to induce sleep. There are many people who would stoutly maintain that these medicines produce sleep only because of their pharmacological potency; a property undoubtedly possessed by them.

The idea is attractively simple but hardly suffices for the physician who daily sees all sorts of "odd" occurrences such as the one I related at the beginning of this article. Even a student nurse with the smallest of clinical experience knows that the medicinal potency of pharmacological compounds *exceeds* the sum of their separate parts. For what nurse has not observed that a warm glass of milk, gently and with kindness given, is as good a sleeping capsule in most cases and certainly better than a routine "h.s." pill in many? And who has not, with some astonishment and unspoken surprise, observed how a "pill" accomplished an effect much more rapidly than it was supposed to? And experienced nurses have long been familiar with the pain-relieving properties of a "sterile hypo." But most of us are too busy to take time to ponder on these seemingly insignificant occurrences. Besides, they arise with such frequency and regularity that even if they do at first strike us as strange, they soon come to be accepted without evoking any further comment or curiosity, and especially if we should ask someone about them, no one seems able to explain them to our satisfaction.

We observe that medicinals have an effect—regardless of the composition of the substances contained within them. And further, we know that the placebo effect is not always favorable in terms of therapeutic response. It is my conviction, as I have suggested earlier, that many of the "side effects" ascribed to various medications are, in fact, what can be called "negative placebo responses." It is not at all rare, for example, to observe adverse reactions following the administration of drugs—reactions which have nothing whatsoever to do with the pharmacological properties of the drug, but very much to do with the psychological factors which neither patient nor doctor nor nurse are very much aware.

One of the most amazing events in medical practice is to observe a "side effect" from nothing more potent than a sterile hypo, or even from nothing more pharmacological than a venipuncture.

The placebo responses, both the negative and positive, are so universal, so close to us day by day in our work, that we easily overlook them. Indeed, we remark upon the placebo response only when its manifestations are so remarkable that we cannot well escape the fact of it. It is probable that without the placebo effect to help us, we should be able to relieve the suffering of our patients far less frequently and far less efficaciously than we do.

It seems to me that the nurse's function most valued by patients are just those soothing ministrations which evoke positive placebo responses.

Now it is no secret that some painful disabilities have no organic basis, but are entirely functional in nature, just as it is generally unappreciated that *every* illness has a psychological or functional component. If a man, through accident, loses the tip of the little finger of his left hand, the misfortune is generally of no particular psychological consequence. There is a psychic response to such injury, of course, but because generally it is of small significance, it is by custom assumed to be absent. But let the injured man, deprived of the same part of the fifth finger of his left hand be a concert violinist and the loss is no longer a minor inconvenience. What may be trivial for one man can be catastrophic for another.

The example I offer is an extreme one, purposefully chosen to support the concept that all illnesses, composed as they are of varying proportions of organic and psychological factors, are "Psychosomatic." We are, of course, long accustomed to acknowledge these "psychosomatic" elements despite the fact they cannot be easily or readily delineated. We next consider the question of the means by which the placebo components of medical procedures come to exercise "miraculous" effects.

We may take it that the greater the proportion of the psychological component, the more impressive the placebo effect of medication will be. There will generally be little placebo effect from medication where the illness is largely physical. On the other hand, "medical miracles," even "authenticated" ones are not rare where the proportion of psychic factors to physical ones is great. And it is by reason of this varying and uncertain proportion that we are limited in the benefit we can confer upon suffering mankind through the exploitation of the placebo effect.

There is no simple, easily learned way in which the psychic component of illness may be separated from the organic, and no way at all in which these two intertwined and variable factors may be measured. The employment of the placebo in any rational way is still beyond our skill, though it may yet yield to our control at some future time. Perhaps some medical genius will devise a "psychosomatic index" which will provide a precise measure of the ratio of psychic to physical in sick people. It would be most helpful in our daily rounds of caring for the ill.

It is of some interest in this regard that in Asia, especially in China, the ancient art of acupuncture is practiced to this day and the same is true of parts of Russia and Japan. Acupuncture is a technique of treating disease in which needles are inserted in various pre-determined parts of the body. The body has been "mapped" so that each land mark represents a certain organ or infirmity. Needles inserted are supposed to have therapeutic effect on the part, organ, or disease "controlled" by that particular spot. These needles remain in place for pre-determined but variable periods of time according to the very exacting requirements of the art. And although nothing more than this ritual is performed, a great deal of success has been claimed for this method of "treatment" by its proponents.

These results are not fakery or charlatanism. These results are confirmatory evidence of the universal magic of the placebo exercising its effect upon the physical through the psyche. Even closer at home we are aware of the great claims made for the practice of chiropractic. This is the system of treating human ills based upon the theory—indeed, the delusion—that misaligned vertebrae and the subsequent pressure on nerve roots is responsible for all human ills. One need only observe the flourishing state of this cult to be convinced of the magical efficacy of such manipulations. Despite every rational objection, the disconcerting fact remains that a not insignificant number of sufferers are relieved by methods but one step removed from the African sorcerer's medicine hut.

We can see that the placebo is a very real force and that men from time immemorial have attempted to exploit its influences for the alleviation of man's suffering. The origin of the placebo effect is disarmingly simple. In the earliest weeks of our lives all of us had approximately equivalent experiences. We existed in a blissful, unboundaried haze which was generally pleasant.

Any suffering we had, any hunger we felt, was quickly relieved by our loving mothers and it is to that unforgettable experience—so elusive and unspeakable—that the placebo response can be traced. And the analysis is made the more difficult because we have no verbal memories of this early age but must depend upon what we observe in infants and what we can reconstruct from the wordless feelings people experience and tell us about. It will be recalled that at first, the newborn infant is but a bundle of feelings and is incapable of conceptualization and of verbalization. Indeed, it is generally well over a year before he comes to use words in more than the most rudimentary sense and a considerably longer period than that before his powers of reasoning manifest themselves. That an infant experiences discomfort and pain from time to time, there can be no doubt. And when he does experience such discomforts, the appropriate "treatment" of that is plainly apparent to his mother. Hunger is necessarily a daily experience with every infant. For until he feels hunger and cries, his mother does not know of his need. And it is her feeding of him that relieves his pain and discomfort. Thus, from the earliest time of life one begins to associate the taking in of something with the relief of discomfort. It has been as a consequence of his effort to relieve discomfort that man has employed every known substance, at one time or another in his history, as "medicine."

Now whether the medicine is taken by mouth, injected, soothed on, or however it enters or is placed upon the body, it takes on a symbolic significance for the adult. The "medicine" of the adult has been equated in the unconscious mind with an earlier "medicine"—the milk which relieved the discomfort of the hungry infant. Nor must the "placebo effect" be limited to just those substances or objects which enter the body.

Sometimes just the touching of the body by the hands of another is taken as a symbolic re-enactment of the earliest "laying on of hands"—the loving hands of the mother who holds and fondles her infant.

It is no accident that nurses are called "nurses." It is absolutely certain that the profession of nursing will forever remain in the hands of women for, though we remember it not, it is undeniable that it was through the loving touch of a woman's hand that we first experienced relief from discomfort. Indeed, the very presence of a nurse has a kind of placebo effect upon suffering patients. And more than one nurse can attest to the fact that she has been called to a patient's room "needlessly." She was called for no reason other than the "placebo effect" which her very presence conferred upon the anxious and very uncomfortable sufferer. And is there a nurse living who has not, at one time or another, been "mistakenly" called "mother" instead of "nurse"?

SUMMARY

The placebo effect is a universal one, utilized in various ways and means throughout the ages for the relief of mankind's discomforts. Its origins are to be found in the earliest relationship between the infant and the mother who nurses him.

Due to increased patient age and broadening of indications for resectability and operability in the cancer or jaundiced patient, the occurrence of wound dehiscence and evisceration is increasing. As no rapid technique for definitive closure without benefit of general or spinal anesthesia is described, we have presented a procedure for rapid closure of wound disruption in the poor risk patient. The method entails local anesthetic infiltration of the abdominal wall down to the peritoneum after adequate preoperative medication and preparation of the area. Large silk, plastic or stainless steel sutures are passed through the abdominal wall, onto a malleable retractor, which protects the viscera beneath. A similar retractor, protects the viscera on the opposite side as the needle is passed from peritoneum to skin. The sutures which are placed at 1.5 cm. intervals are tied over gauzes or ABD Pads and removed in sixteen to twenty-one days.

Rapid Safe Closure of Wound Disruption In the Poor Risk Patient

BY GEORGE C. HILL, M.D.

SECONDARY closure of dehiscence and evisceration can be a very important feature in the total care of the patient. On any surgical service, the indications for either prophylactic retention sutures or for emergency wound separation closures continue to increase. This increase in no way reflects on the efficacy of current surgical technique but rather is an index of the increase in the overall age range of the patients, as well as broadening of the operability and resectability indications in the cancer patient.[1]

Despite the apparent demand for this procedure little information regarding a definitive rapid technique can be found in the literature. In the young, healthy patient that sustains dehiscence or evisceration, general or spinal anesthesia can be instituted and a routine closure with or without retention sutures can be effected. In the older, debilitated patient, the added insult of general anesthesia or even sub-arachnoid anesthesia could be a fatal maneuver. It is, therefore, with the exceptionally poor risk, young or old, patient in whom anesthesia cannot be tolerated that the present procedure is recommended. However, in any case, the outcome of secondary closure is definitely aided by early recognition of the problem and immediate correction.

Case Reports

Case 1.—On September 19, 1962, C.H., a 54-year-old man, was admitted to the Surgical Service after an eight-day history of dull pain in the right lower quadrant, associated with nausea and anorexia, but without emesis.

Physical examination disclosed a mass in the right lower quadrant while roentgenograms showed a fecalith to be present. The patient was treated for an appendiceal abscess and taken to surgery three weeks after admission. Through a vertical infra-umbilical incision, removal of the appendix and drainage of the abscess were effected. The patient sustained a wound disruption on his sixth post-operative day, which was closed primarily by the rapid, safe closure technique under local anesthesia. Post-operatively, the patient did well and was discharged three weeks after secondary closure.

Case 2.—On January 9, 1963, C.D., a 66-year-old man, was admitted to the Surgical Service, after experiencing abdominal pain, nausea and emesis for a twenty-four hour duration. The onset of pain occurred after consuming a meal of liver and onions and was heralded by a severe episode of nausea.

Significant routine work-up disclosed icterus of the sclerae and skin, elevated serum bilirubin and a non-functioning gall bladder. The patient was taken to surgery on January 19,

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Doctor Hill is former Resident in Surgery, Veterans Administration Center, Dayton, Ohio, where work was completed. Presently he is Staff Surgeon, Veterans Administration Hospital, Dearborn, Michigan.

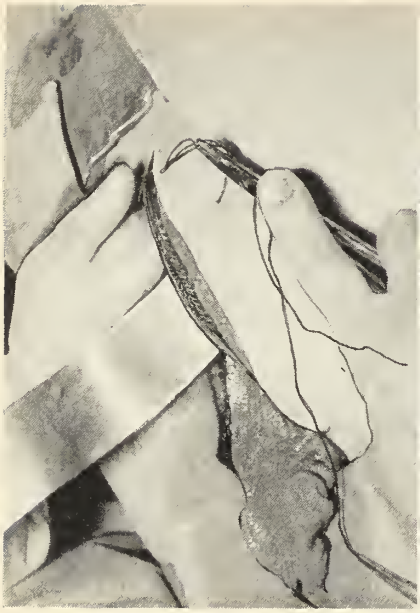

Fig 1. (*left*). Initial passage of suture from skin through to peritoneum with malleable retractor in place and viscera protected.

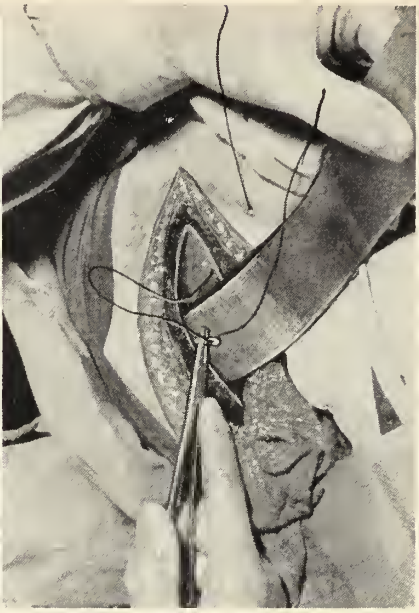

Fig. 2 (*right*). Completion of suture with passage of needle through peritoneum and out through abdominal wall with the malleable retractor guiding suture needle and protecting viscera simultaneously.

1963, and through a right paramedian incision, a cholecystectomy, common duct exploration, duodenotomy and sphincterotomy were effected. Post-operatively, the patient experienced wound disruption and a secondary closure was effected by means of the rapid safe method. After secondary closure, the patient did well and was discharged twenty-two days later.

TECHNIQUE

Pre-operative medication and sedation can be effected by any of the narcotics along with a moderate to small amount of atropine as the patient will not be asleep. The abdominal wall can be rapidly scrubbed with phisohex, cepryn and alcohol, iodine compounds or any other prepping solution, being careful not to get any of the prepping solution in the line of the evisceration or dehiscence. The area is then irrigated well with copious amounts of warm saline. Skin sutures, if present, may be removed now or after anesthetization. Anesthetization is effected by infiltration of 0.5% Xylocaine into the abdominal wall. Infiltration can be started at either apex of the wound in the subcutaneous or subcuticular area and gradually deepened and widened until the entire abdominal wall is liberally infiltrated down to the peritoneum. The abdominal viscera can be protected by a laparotomy sponge or the hand of an assistant. A malleable retractor is then placed directly beneath the peritoneum at the site where the needle is to be passed. At this time, retention sutures of either No. 4, woven black silk; No. 22, 23 or 24, stainless steel wire; or even 0, stainless steel surgiloy on a large needle can be passed through the entire abdominal wall directly to the malleable retractor (Fig. 1). The needle point is then grasped and the malleable retractor placed over the viscera, beneath the peritoneum where the adjacent side is to be sutured. With the malleable retractor protecting the abdominal viscera on the opposite side, the suture is passed through the side of the incision from the peritoneum out through the skin (Fig. 2). This maneuver completes a suture. The sutures are tagged and after enough have been placed at 1 to 1.5 cm. intervals, strips of gauze or ABD packing are laid vertically over the wound. This will require between eight and ten, four by eight gauzes or two or three ABD pads. The sutures or wires are then brought together over the gauzes or packing (Fig. 3). An overall dressing can be applied or the wound left open with

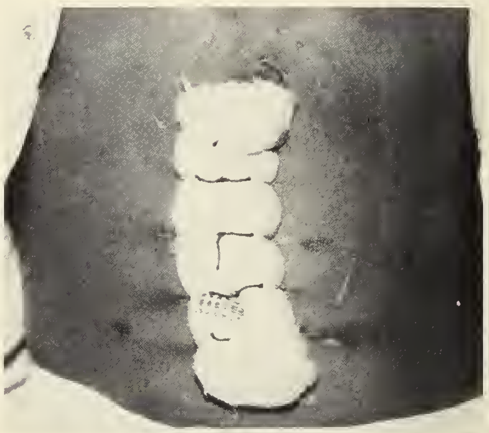

Fig. 3. Abdominal wall after closure with sutures tied in place over the protective gauzes.

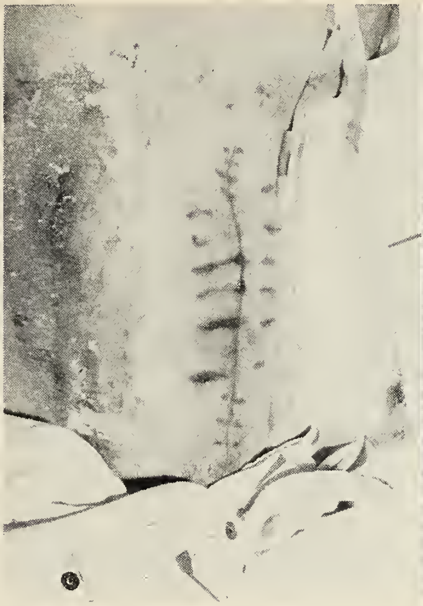

Fig. 4 *(left)*. Abdominal wall after closure without protective gauzes showing the hideous cross hatching and excoriation.

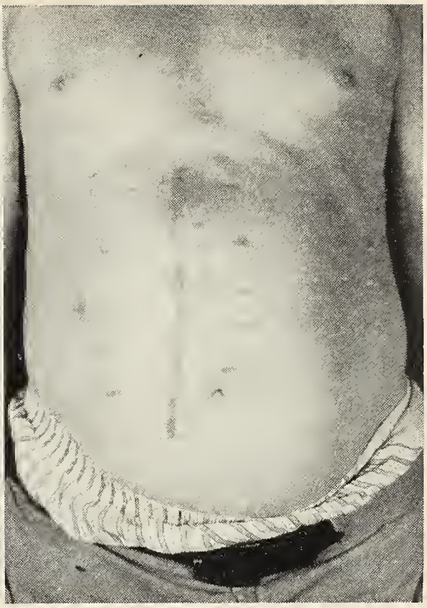

Fig. 5 *(right)*. Abdominal wall after utilization of gauze squares as protection with removal of sutures being effected 18 days after closure.

daily applications of a topical germicide around the sutures at the skin juncture. The sutures should be left in place from sixteen to twenty-one days.

COMMENTS

Secondary closure of a wound dehiscence or evisceration can be an insurmountable task and often is fatal when in the poor risk patient, general or even spinal anesthesia is used. A rapid method of closure which does not necessitate either general or spinal anesthesia can be completed in less than fifteen minutes and, if performed early, should add little to worsen the patient's condition. Indeed, secondary closure healing is enhanced by total body response to initial surgery.[2] Not having to wait for general anesthesia and other ancillary factions makes it possible to decrease the length of exposure of the wound and to minimize wound contamination while remarkably good and rapid anesthesia can be effected with local infiltration of the entire abdominal wall. If one is meticulous and concerned with obviating the possibility of hernia the fascia can be rapidly approximated in any desired manner.

The folded sponges protect the skin, obviating the hideous cross hatching (Figs. 4 and 5) of most retention sutures, even those protected by tubes of plastic or rubber. The folded sponges serve additional purposes by applying hemostatic pressure over the line of dehiscence and by decreasing dead space. If more edema than anticipated occurs post-operatively, one or two of the gauzes can be removed to alleviate the pressure.

CONCLUSION

Due to increased patient age and broadening of indications for resectability and operability in the cancer patient, the occurrence of wound dehiscence and evisceration is increasing. As no rapid technique for definitive closure without benefit of general or spinal anesthesia is described, we have presented a procedure for rapid closure of wound disruption in the poor risk patient. This procedure can be carried out safely and rapidly with little discomfort to the patient.

ACKNOWLEDGMENT

The author wishes to make acknowledgment to Flavous J. Van Dyke, VA Center, Dayton, and Miss Mary Maciel, U. of Cincinnati Medical School for the photography.

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Extent And Scope Of Coverage

BY GEORGE W. SLAGLE, M.D.

THE EXTENT AND SCOPE OF health service protection in the United States today was undreamed of by the most enthusiastic advocate of private health insurance twenty years ago.

While some forms of health insurance have been available for many years, for practical purposes the main growth has taken place since 1942. Several factors combined to give the impetus to this rapid development. The introduction of Blue Cross and Blue Shield plans in the thirties, the wage and salary freeze of World War II and the coincident acceleration of medical research were all potent factors. Postwar developments have included continued rapid progress in medical and allied services, serious increases in the cost of medical services, and a greater awareness by the general public of the desirability of making advance provision for the economic costs of ill health.

The explosive growth of health insurance, however, has not come as an unmixed blessing. There have been serious problems, and the patterns of coverage which have developed represent, at first glance, a crazy quilt of an innumerable variety of policies. To many, health insurance still suggests the classic example of insurance which "provides in the large print that which it takes away in the small." Much of this negative attitude, undoubtedly, was richly deserved in the early years of the "business" development, but the situation has changed. The combined pressures of internal and external regulation plus the rigors of competition have eliminated most of the abuses which were present in the earlier years.

* * *

EXPERIMENTATION AND CHANGE are still the hallmarks of health service protection, but the development is on a higher plane now, with the emphasis on designing coverages which more effectively meet the needs and demands of the public.

Some figures released by the health insurance council for the end of 1962 highlight the phenomenal growth of voluntary health insurance in recent years. As of that date (the latest available year-end statistics), over 141,000,000 Americans have some form of voluntary health insurance.

The breakdown on this figure was as follows: 141,000,000 had some type of protection against hospital costs; 131,000,000 had protection against certain surgical costs; and 98,000,000 were protected against specified medical care costs other than surgery. Of the 141-plus million covered by hospital insurance, 93 per cent were also protected against surgical expense, and 69 per cent had regular medical expense protection. In addition, 38 million were protected by major medical expense insurance and 43.5 million were covered by loss-of-income insurance.

These figures have even greater significance when it is noted that in 1942 only 19.7 million had protection for hospital expenses; only 8.1 million had protection against surgical expenses; and only 3.2 million had protection against regular medical expenses. Major medical insurance was not even a dream in 1942. Thus, at the end of 1962, seven times as many persons were protected against hospital expense as at the end of 1942; 16 times as many were protected against surgical expense; and 30 times as many against regular medical expenses.

The health insurance institute estimated that health insurance benefit payments during 1963 totalled $7.8 billion, an increase of 10 per cent over the record $7.1 billion paid out in 1962. The American people received these benefits from some 1,800 voluntary insuring organizations, including 859 commercial insurance companies, 77 Blue Cross plans, 70 Blue Shield plans, and nearly 800 other independent-type health plans. Insurance companies paid more than $4.1 billion of the 1963 benefits, the institute estimated.

This figure was up from the nearly $3.8 billion paid out in 1962 and represented a 300 per cent increase over the $1.1 billion in benefits paid by insurance companies during 1952, a decade earlier. Blue Cross-Blue Shield and other hospital medical plans accounted for $3.7 billion of the 1963 benefits—also an increase of 400 per cent from a decade ago.

These figures indicate clearly the dynamic nature of the movement toward voluntary prepayment

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Presented April 19, 1964, at the 9th Regional Conference on Insurance and Prepayment Plans by American Medical Association in Atlanta, Georgia. Doctor Slagle is Vice-Chairman on the "Committee on Insurance and Prepayment Plans" of the American Medical Association.

or health services. The most rapid growth in this rea took place during the post-World War II ears and in the early fifties. As more and more eople became insured, of course, the yearly rate of increase in the proportion of the population covered has decelerated.

* * *

EVEN SO, THE SATURATION point has yet to be reached. A recent report by the assistant director of research for the Health Insurance Association of America notes that, of the 184,556,000 people in the United States at the end of *1961*, 48,034,000 were without hospitalization insurance. Of this group, some 18,600,000 persons can be considered out of the market for health insurance. These are public assistance recipients, the institutionalized, members of the armed forces and their dependents, Indians on reservations, or veterans with service-connected disabilities. Individuals in these categories are eligible for governmental assistance in meeting health care costs. They are either in no need of voluntary health insurance, or they are economically incapable of purchasing it.

The remaining 29,434,000–15.9 per cent of our total population–could be considered potentially in the market for health insurance. However, of this 15.9 per cent, an estimated one to six per cent do not want such coverage because of affluent personal circumstances, religious convictions or other reasons.

In other words, by the end of 1961, from 85 to 90 per cent of the United States population either desiring or in need of health insurance had already been covered, and coverage remained to be extended to some 10-15 per cent of our population. Blue Cross and Blue Shield plans, as well as private insurance companies are, therefore, continuing to make coverage available to more people as well as expanding the scope of protection available in individual policies.

* * *

THE STATISTICS JUST quoted are impressive, no doubt, but if taken alone, they are misleading. Far more important than the number of people with an insurance policy is the extent of coverage which they receive from the policy. Some indication of this may be taken from data compiled by the health insurance institute. According to their figures, the 7.8 billion of benefits paid by all voluntary insuring organizations in 1963 was applied to total health care costs of $21.9 billion for the same year.

These total costs represented, for the most part, charges for essential medical services, though some items such as non-prescription drugs, eyeglasses, and luxury hospital accomodations were also included. These latter items are generally considered to be uninsurable, but they represent a minor segment of total health care costs.

It is clear that the relationship between total costs and total benefits is not as favorable as the relationship between total population and total number of insureds.

According to figures published in the December, 1963 issue of the *Social Security Bulletin,* 65.6 per cent of the private consumer expenditures for hospital care only were met by insurance proceeds in 1962; only 33.6 per cent of private consumer expenditures for physicians' services were covered. When the two categories are combined, insurance provided for slightly over 50 per cent of the costs.

It is true, of course, that private insurance should not be expected to cover all expenditures, but it should probably provide for considerably more than half of them.

Now that we have looked at the big picture, I would like to direct your attention to some specific aspects of the scope of health insurance coverage. We will examine, briefly, the five major types of health protection which are currently available, and comment on a few of the highlights.

* * *

HOSPITAL INSURANCE REMAINS the most common type of health insurance protection today. Now, as in the past, a wide variety of plans are available, but the traditional split between the "service benefit" plans of the Blue Cross organizations and the "dollar benefit" plans of commercial insurers continues as the main distinction. Within these two categories, however, several observations stand out. In recognition of the changing cost picture of recent years, insurance companies now offer much higher daily benefits than in the past. Reimbursements of $20 per day and more are now fairly common. The "Blues," on the other hand, normally provide full service in semi-private accommodations. In addition to higher daily benefits, basic hospital policies offered by all types of carriers tend to provide for more prolonged confinements than in the past, with benefits most commonly varying from 70 to 120 days.

The scope of coverage of hospital extras or ancillary services is also broader than in the past, while the basic difference in philosophy of coverage persists between the major types of insurers. Insurance companies now tend to provide benefit reimbursement to a stated limit–usually a generous multiple of the daily hospital benefit. Blue Cross, on the other hand, usually provides benefits for specific types of service up to a scheduled limit. This latter approach is slightly less flexible.

Significantly, hospital insurance has become more liberal in a number of other areas in recent years. Examples include the more frequent coverage of mental disorders where treatment is in a general hospital, and the gradual disappearance of or liberalization of air travel exclusions. These two developments are a reflection of consumer demand and greater familiarity with the exposures involved. Other important developments include the pro-

More than 141 million Americans have some form of Voluntary Health Insurance. In 1942, only 19 million had some form of protection, mainly protection for hospital expenses. During 1963 Health Insurance Benefits totalled 7.8 Billions of Dollars, paid out by 1,800 voluntary insuring organizations. Instead of the limited Major Surgical Procedures granted in 1940, we now have policies that provide a full scope of Surgical Procedures, Inpatient Medical Care, Consultative Services, Treatment of Mental Disorders in a General Hospital and higher daily costs. Major Medical and Comprehensive Medical Expense Plans have a very important place in today's coverage. Pilot studies are being made on Paid-up-at-65-Policies. Income Replacement Contract is the most rapidly growing form today.

vision of limited out-patient benefits and increasing interest in nursing-home coverage. The interest in the latter two areas is primarily a reaction to the tremendous cost pressure of recent years. It is hoped that these coverages will alleviate the alleged over-utilization of high cost in-patient treatment which has resulted from policy exclusions.

* * *

SURGICAL AND MEDICAL INSURANCE now also cover a majority of the U. S. population. In the case of surgical coverage, there is less difference between Blue Shield and insurance company plans than was true under hospital coverage. Very few full-service plans are available today. A variety of surgical schedules are available, and under the partial-service plans which typify Blue Shield the income of the insured will determine the schedule to be used. In practice, a sizable but undetermined number of schedule and partial-service contracts will in fact provide full coverage.

Medical benefits create more controversy than the other coverages. The prospect of hospital confinements or surgery is sufficiently distasteful to most people to act as an effective guard against "moral hazard." A visit with a doctor is not usually so fearsome. Medical benefits are usually provided for in-hospital visits of a physician. Less commonly, total disability medical and non-disability medical is provided. These coverages usually provide for home and office as well as hospital calls. Total disability is, at best, difficult to establish, and this coverage is usually limited to employed individuals. Medical coverages frequently use deductibles and normally have daily and period maximums, for example, $4 per day for not over 100 days. Though controversial from the standpoint of the insurer, these plans are increasingly popular with the public.

The plans discussed so far suffer from the common fault of not adequately meeting the costs of serious illnesses. To meet this problem the insurance companies have developed, particularly since the 1950's, major medical and comprehensive medical expense plans.

Major medical coverage closely follows the theoretical model of insurance, providing protection against serious loss while eliminating coverage of small, routine health care expenditures. These policies are characterized by initial deductibles, most commonly in the $200-$500 range, followed by a percentage participation, typically 75%-80%, up to very high limits, often $10,000 or more. Another characteristic of these policies is that there are very few internal policy limits. The assumption is that the expense is just as serious whether it be related to hospital services, nursing care, blood transfusions, or any other health expense. Some internal limits, such as daily hospital maximums, have become necessary to prevent abuse of the coverage however.

Major medical coverage is dominated by commercial insurance companies, but an increasing number of Blue Cross and Blue Shield organizations are offering somewhat comparable benefits through their extended benefit plans—which might be more accurately likened to comprehensive medical insurance. These plans, in effect, combine basic and major medical benefits in one master contract. The deductibles are usually smaller than in regular medical insurance, and they are often applied selectively. In other words, the deductible will not apply to all expense items, and it may also vary in size for different items.

* * *

MOST OF MY COMMENTS have been directed at the offerings of commercial insurance companies and Blue Cross-Blue Shield organizations, but the so-called independent plans also offer all of the coverages which have been discussed. Time precludes extensive investigation of these plans, but suffice it to say that some of them are very comprehensive.

The final type of health insurance is the income replacement contract. This field is one of the most rapidly growing today. An increasing variety of plans are available, but again the trend is toward protection against catastrophic, long-term, sometimes lifetime, benefits are becoming more common, as are longer initial waiting periods. The greater waiting period, in addition to lowering premiums, recognizes the fact that accumulated vacations, sick leave, and *ad hoc* or informal salary continuation tends to eliminate the need for first-day coverage. Another feature of these policies is the increasing liberality of policy definitions of total or partial disability—the primary conditions for recovery.

A serious shortcoming of most existing policies is that they drastically limit the recovery from disability resulting from sickness as opposed to accident. This is unfortunate, since there is a far greater liklihood of disability arising from sickness or disease. This is an area which needs greater development.

Other features of income replacement insurance usually include scheduled benefits for dismemberment and death—frequently with double indemnity for accidental death. Finally, underwriting requirements usually put a limit on the amount of recovery in relation to earned income prior to disability. There has been much controversy on this point over the years, but some standardization seems to be developing recently.

Having touched briefly on each of the major types of health insurance, some general observations can now be made. It should be evident that the scope of benefits provided under any of the policies discussed is directly related to the price of the protection. The old cliche that "you get what you pay for" is nowhere more true.

A less evident fact is that group insurance coverage is almost always more liberal than individual contracts. In addition to lower costs, there are usually fewer exclusions and frequently more liberal insuring agreements. Much of this can be traced to the combination of underwriting controls and buying power which is available to most large group policyholders. Another key factor is that large groups can be experience rated.

* * *

THUS, IN A VERY REAL sense, group insurance plans can be virtually tailormade to the order of the policyholder. This affords real opportunities to broaden the scope of coverage. One example is the negotiation of major medical insurance with a co-insurance cutoff. Several large employers have major medical contracts which pay 100% of all expenses up to the face amount of the policy after the sick or injured employee has paid an initial deductible plus 20% of (for example) the next $1,000. Many other examples could be cited.

One of the major accomplishments of group insurance has been the broad extension of substantial health service protection to non-employed citizens through the mechanism of dependents' coverage. This factor, perhaps more than any other, accounts for the extent of protection in this country today.

In discussing the scope of coverage available today it is impossible to ignore the tremendous strides made in the last ten years in providing protection for the senior citizens of the nation. These include special elderly groups, the so-called "state-65 plans," the "golden-65" and similar plans offered by individual companies, group insurance conversion privileges, guaranteed renewable and non-cancellable policies issued at younger ages, and some available paid-up at 65 policies. The last-mentioned development is one of the most talked about. While it faces tremendous problems, it probably is the most desirable long-term solution to the provision of health service protection for the aged.

Guaranteed renewable and non-cancellable policies, of course, improve the scope of protection for all insureds, not just the aging. They eliminate the danger of removal of protection as the result of poor claims experience.

The Committee on Insurance and Prepayment Plans was originated to help formulate plans for offering sound and constantly improving voluntary health insurance to the citizens of the nation. My job has been to describe where we stand with respect to the extent and scope of health service protection in the United States. To summarize, like the gangling, clumsy teenager who suddenly, seemingly miraculously, blossoms into a well-coordinated basketball star, health insurance and pre-payment plans are today emerging from the near-chaos of their "adolescent years" into the full bloom of maturity.

* * *

THOUGH HEALTH SERVICE protection in this country grew like Topsy, we find that a comprehensive pattern of protection has emerged. The mistakes and problems which have plagued the field have more often than not been the result of over enthusiasm and too-rapid growth; sometimes the failure to recognize yesterday's problems until tomorrow has also been at fault.

Further mistakes, innovations, and triumphs undoubtedly lie ahead, but the most serious growing pains are now history. The only real limitations on the ultimate scope of coverage are the desire and willingness of the public to pay for the product, and the courage and imagination of the industry to satisfy the demands which it will face.

AMA Clinical Convention
Miami Beach, Florida
Nov. 29-Dec. 2

MSMS Centennial Series

1941-42 Efforts Centered on War and Defense

P. R. Urmston, M.D.
MSMS President, 1940-41

H. R. Carstens, M.D.
MSMS President, 1941-42

MSMS attention was focused in 1941 on the great job of providing medical officers for the armed forces. In December, Michigan was faced with the procurement of 100 medical officers—and it was reported that the next quota would be for 700 more.

* * *

THE FOLLOWING WORK was done by the House of Delegates at the 1941 Annual Meeting:

1. Modernized the MSMS Constitution and By-Laws.
2. Recommended the rehabilitation of rejected draftees.
3. Renewed the MSMS Charter for another 30-year period of activity.
4. Created a Section on General Practice.
5. Adopted the reports of the MSMS Committees.
6. Elected progressive practitioners of medicine to the various MSMS offices.
7. Registered a vote of confidence in Michigan Medical Service.

* * *

MICHIGAN MEDICAL SERVICE reported that during its first year, services were rendered for more than 9,200 patients for which 1,694 doctors received over $300,000. A total of 3,439 doctors of medicine had completed their registration with Michigan Medical Service. At the end of the year, there was a total of 131,127 subscribers.

The 1941 House of Delegates also adopted the basic principle that the pre-payment plan to be sponsored by the medical profession should not be another insurance cash indemnity arrangement, but should be a direct service arrangement. A schedule of benefits, which is equivalent to the prevailing charge by doctors in Michigan for persons whose income ranges from $1500 to $1700 annually, was carefully set up through the cooperation of numerous committees in the various fields of practice.

The following Postgraduate courses were offered in Detroit: Allergy; Anatomy; Diseases of the Blood and Blood-forming Organs; Diseases of the Genitourinary Tract; Diseases of the Heart, Electrocardiograph Diagnosis; Gastroenterology; Laboratory Technique; Nutritional and Endocrine Problems; Ophthalmology; Pathology; Pediatrics; Proctology; Roentgenology. Extramural courses included the care of the injured; the diagnosis and treatment of meningitis; useful drugs in gastroenterology; digestive derangements; the significance of albuminuria; office gynecology and clinical conference.

* * *

AT THE SEPTEMBER meeting in Grand Rapids, The Council voted to underwrite the establishment in 1942 of five Postgraduate Medical Conferences in the Upper Peninsula similar to those now in existence in the Lower Peninsula.

* * *

SINCE THE BASIC Science Law, which was passed by the Michigan Legislature in 1937, became effective, three examinations have been held by the Board. Two individuals wrote the first examination given on March 29-30, 1940, and both failed to pass. On June 28-29, 1940, the second examination was given to 76, of whom 53 passed and 23 failed. The third examination was given on February 14-15, 1941. Forty were examined and 35 passed.

A new bill was introduced into the U. S. Congress—the Brown-Wagner-George Hospital Construction Bill. The purpose of the bill was to offer grants-in-aid to assist state and other political subdivisions in constructing, improving, and enlarging needed hos-

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The Author
WILLIAM J.
STAPLETON, JR., M.D.
MSMS Historian

Leading up to the MSMS Centennial in 1965, The Journal *is printing a series of articles by William J. Stapleton, Jr., M.D, Detroit, who is the MSMS Historian. This series began in the September, 1963, number of* The Journal *and will continue through August, 1965.*

pitals especially in rural communities and economically depressed areas.

The MSMS annual meeting was held at Grand Rapids, September 16-19. Thirty out-of-state authorities spoke and over a hundred exhibits were shown. A total of 2,117 persons were registered (not including members of the Woman's Auxiliary).

* * *

THE MICHIGAN SOCIETY of Anesthetists was organized May 22, 1941, in Ann Arbor. Standing committees on education, public relations, and legislation were created.

The 55th county society charter was granted in 1941 to the Huron County Medical Society.

The Council began holding Councilor District Meetings, to replace meetings known as State Society nights.

* * *

Before taking up the history of the Michigan State Medical Society for 1942, I would like to say a few words about Doctor Carstens, who was President that year. In my space I can only give you a thumbnail sketch of the illustrious son of a famous father. (His father was a nationally-known abdominal surgeon and gynecologist of his day. "Dad" Carstens was the affectionate title given him by the students. His story would make a book in itself.) His son, Henry, did not follow in his father's footsteps as a surgeon. After graduation and internship at Harper Hospital, he soon established himself as an internist. He was elected President of the American College of Physicians, served in World Wars I and II, and also held various other offices in the medical societies. He received numerous commendations for his medical work in the Army Corps. After the end of World War II, he entered the Veterans Administration and served there until he was released recently. He was a man who not only served his country well, but medicine also.

* * *

THE IMPORTANT MATTERS in 1942 were the war and defense efforts.

The MSMS Medical Preparedness Committee was active in encouraging the procurement of 800 medical officers. Approximately 200 Michigan doctors have joined the armed forces in the past year.

Hundreds of physicians devoted their time to teach first aid to thousands of men and women needed for Michigan's Civilian Defense.

Early in May, the Army set up a Medical Recruiting Board in Michigan, which processed applicants for appointment and granted the commissions on the spot. Through this streamlining of medical recruitment, commissions were granted in a matter of days.

An institute on "Medical Practice in Total War" was presented as part of the Annual Meeting Program by the MSMS Preventive Medicine Committee, in Grand Rapids.

Military membership in the MSMS was granted to members in good standing with their state dues paid during the period of such active service if recommended by the county medical society.

February 28 marked the completion of the second year of operation of Michigan Medical Service. On November 30, 1941, the enrollment reached 450,000. During the first year $200,000 was paid to doctors for services to subscribers. A total of 3,489 doctors were participating.

The membership for 1941 was 4,495, a gain of 17 members.

* * *

THE MICHIGAN WOMAN'S AUXILIARY had 1,257 members. During the past year, the following activities have been accomplished:

1. Hospital Insurance for Physician's Widows (individual contacts) set up.
2. Set up a Student Loan Fund and provided for its administration.
3. Publication of a State Bulletin.
4. Organized Auxiliaries in three new counties.
5. Sponsoring jointly with the Michigan Tuberculosis Association a High School Radio Contest.

POSTGRADUATE PROGRAMS were offered at Ann Arbor, Bay City, Flint, Cadillac, Grand Rapids, Kalamazoo, Lansing, Mt. Clemens, Sault Ste. Marie, Marquette, Houghton, Ironwood and Powers.

Following instructions from the 1941 House of Delegates, the Executive Committee empowered the president of the State Society to sign the trust agreement creating the "MSMS Foundation for Postgraduate Medical Education" on June 18, 1942, in Detroit. The trust fund was to be devoted to the development of a greater Michigan postgraduate medical program.

Detroit and Wayne County were the starting points of Michigan's emergency immunization campaign to protect children over 9 months and under 10 years of age against diphtheria and smallpox.

'Michigan Made Medical Miracles' in Spotlight

". . . while it is quite a well-known fact that our major drug and pharmaceutical companies, our universities and research laboratories make outstanding direct contributions to the world's supply of miracle drugs and medicines, the contributions in the field of medicine and surgery that have been made by our major industries are less well known."

So declared "Michigan Challenge," the official publication of the Michigan State Chamber of Commerce, in its May issue, dedicated to "Michigan Made Medical Miracles."

The introductory editorial also pointed out that drugs, mechanical hearts, mechanical heart valves, synthetic arteries, artificial ears, food pumps and other mechanical aids to surgeons, "have been created by our major industries with research and development costs written off for those items as Michigan industry's contribution to humanity."

Abstract of MSMS Council Action

Meeting of May 20, 1964

MICHIGAN CONGRESS ON MENTAL HEALTH

Final plans of the Mental Health Committee for the Michigan Congress on Mental Health were approved. The Congress was scheduled for June 26 at the Statler-Hilton Hotel in Detroit, with both medical and lay leaders in mental health invited.

REVISION OF UNIFORM FEE SCHEDULE FOR GOVERNMENTAL WELFARE AGENCIES

The Council requested the committee working on the fee schedule revision to update the schedule based on the policy that wards of government be not treated as indigents and that physicians be compensated by the usual and fair fees for their services.

MICHIGAN MEDICAL SERVICE PROPOSAL ON MERIT RATING

The Council requested additional information on this subject prior to the Midsummer Meeting of The Council.

PROPOSED TRANSFER OF PHYSICIAN SERVICES TO BLUE CROSS BENEFITS

The Council in a telegram to Michigan Hospital Service and the Michigan Hospital Association vigorously opposed the proposed Michigan Hospital Service policy regarding anesthesia services as Blue Cross benefits. In addition, this matter was referred to the MSMS Hospital Relations Committee for liaison action.

PROCEDURES FOR PROPOSED UTILIZATION COMMITTEE

As requested by The Council, Legal Counsel presented his legal opinion regarding the report of the Ad Hoc Committee to Study Procedures for Utilization Committee. Inasmuch as implementation of the Committee's recommendations requires amendment of the Bylaws, this matter was referred to the House of Delegates Committee on Constitution and Bylaws.

MSMS MATERNAL HEALTH CONFERENCE

The success of this two-day educational conference at Gull Lake was reported. The meeting was sponsored by the MSMS Maternal Health Committee, W. W. Jack, M.D., Chairman, and the Michigan Department of Health.

ADVERTISING FOR MICHIGAN MEDICINE

The Council approved the recommendation of the Publication Committee that a Michigan advertising representative be retained on a trial basis to augment national advertising sales.

Calendar of Michigan Medical Events

September 20-25—Michigan State Medical Society House of Delegates and Annual Scientific Session, Sheraton-Cadillac Hotel, Detroit

September 22—Michigan Medical Service Annual Meeting, Ballroom, Sheraton-Cadillac Hotel, Detroit

September 22-24—Woman's Auxiliary to MSMS Annual Meeting, Pick-Fort Shelby Hotel, Detroit

September 23-24—Michigan State Medical Assistants Society Annual Meeting, Statler-Hilton Hotel, Detroit

October 15-17—University of Michigan Medical Center Alumni Conference, Ann Arbor

October 16— Hospital Section of Michigan Library Association, Jack Tar Hotel, Lansing

October 18-24—"Michigan Community Health Week"

October 21-22—Michigan Tuberculosis & Respiratory Disease & Michigan Thoracic Society Meeting, Statler Hilton Hotel, Detroit

November 13-16—National Society for Crippled Children & Adults, Statler-Hilton Hotel, Detroit

November 14-15—Michigan Allergy Society, Midwest Forum on Allergy, Henry Ford Auditorium, Detroit

Offer Smoking-Health Brochures

The initial response to a mailing on July 17 about smoking and health has been enthusiastic and a supply of literature is being mailed to many doctors as part of a new educational effort of the MSMS Cancer Control Committee and the Michigan Cancer Coordinating Committee.

An order blank for such material was sent to every doctor — and dentist — by the MCCC. A stamped, addressed envelope back to MCCC, Box 152, East Lansing, was enclosed. Packets of five different booklets and folders are offered to doctors for their offices.

Any doctor, who did not return the order blank, may obtain the educational materials by writing to MCCC, Box 152, East Lansing.

The 1963 MSMS House of Delegates action to "publicize the harmful effects of cigaret smoking and to promote an educational program" was endorsed by the recent AMA House of Delegates in San Francisco.

The AMA House of Delegates approved a strong stand on tobacco and health by calling cigaret smoking "a serious health hazard." The delegates also voted that the AMA be "on record and does recognize a significant relationship between cigaret smoking and the incidence of lung cancer and certain other diseases."

In Michigan, MSMS efforts are concentrated with the Cancer Control Committee (Henry J. VandenBerg, Jr., M.D., Detroit, Chairman) and the Michigan Cancer Coordinating Committee, of which MSMS is a member. The current educational effort was proposed by the MSMS Committee and adopted by MCCC.

Paregoric to Require Prescription August 28

According to legislation passed in the 1964 Session of the Michigan Legislature, paregoric, alone or in combination, may be dispensed by a pharmacist only upon receipt of a prescription, as of August 28.

A new law which will take effect August 28, 1964, provides for either a written or oral (telephone) prescription from a licensed physician or dentist in order for a patient to obtain the drug.

The previous law permitting over-the-counter sale of two ounces of paregoric in a 48-hour period has been repealed by this new Act.

Also, a provision in the new law will require physicians and dentists to keep complete records as to purchase and sale of any paregoric dispensed by the physician or dentist.

Decide Today

To Participate In

99th Annual Session,

In Detroit,

September 23-24-25

AMA Adopts MSMS Plea For Auto Safety Study

Automobile safety will continue as a concern of the AMA —following the adoption by the AMA House of Delegates in San Francisco of a resolution introduced by the Michigan delegation.

The delegates approved "Resolution No. 49" introduced by MSMS President Orlen J. Johnson, M.D., one of the Michigan delegates, and reported out favorably by the Reference Committee on Public Health and Occupational Health. The resolution, passed by the delegates, was sent to the AMA Board of Trustees "for implementation."

The Michigan resolution reviewed by the fine work to reduce auto deaths and injuries by "the automobile manufacturing industry, highway, engineers, enforcement officials and the medical profession." He then cited continuing problems.

* * *

The action part of the resolution declared:

"Therefore be it RESOLVED that the American Medical Association continue to support and encourage expanded research in the proper packaging of the human body in the automobile and the degree of protection offered by seat belts, improved door latches, energy absorbing steering wheels, padding, etc., and present such finding to the automobile industry and others vitally concerned."

The Reference Committee suggested that "All physicians are urged to report to the AMA the results of studies which could provide better information to automobile designers in the attempt to further improve safety equipment."

The MSMS Committee on Highway Accident Prevention (John R. Rodger, M.D., Bellaire, Chairman) has an outstanding record of public service in this field. MSMS members participated with Cornell University in a crash injury research program at its outset in 1957-61 and are now taking part in a follow-up study in Michigan.

A complete report of the AMA House of Delegates will be presented by the MSMS delegation to the MSMS House of Delegates in September. Detailed news articles about the San Francisco session appear in the July 6 number of the AMA News.

Aging Health Suggestions Listed

"Aging is not synonymous with ill health."

That is the opening sentence in the report of the Health Task Force to the Michigan Commission on Aging, presented to Governor Romney and the Commission at a day-long conference at the University of Michigan, July 1.

The opening paragraph went on to state that "With the medical knowledge now at our command, most persons can look-forward to good health in their later years. Many of the older persons who once might have been regarded as hopelessly disabled now can be made relatively healthy and independent."

The introduction to the Task Force Report suggests that many of the concerns of the aging "are interrelated." The introduction points out that Michigan's population will total around 8,457,000 by the end of 1964 with about 710,000 over 65—with the figures increasing by 1970 to 9,250,000 total and 802,000 over 65.

Following are the recommendations made by the Health and Mental Health Task Forces:

HEALTH

A. Periodic health appraisal of the aged and aging should be: 1. Paid for by the Department of Social Welfare for all public assistant clients; 2. Provided through multiple screening programs operated jointly by health departments, the medical profession and voluntary agencies; 3. Included as benefits by prepaid medical insurance programs.

B. Prepayment hospital and medical plans should be: 1. Provided to retirees and their spouses without payment through paid-up plans financed through their work years; 2. Extended and expanded to give more comprehensive coverage, including home care.

C. Comprehensive home care programs should be: 1. Established throughout the state; 2. Covered by pre-paid health insurance programs; 3. Paid for, including homemaker services, by the State Department of Social Welfare.

D. Care for the chronically ill in institutions should be improved by: 1. Improving standards through a new classification system; 2. Extending licensing and supervision to all (including small homes) by a single agency of state government; 3. The State Commission on Aging encourage by all possible means the construction of high-quality, long-term care facilities.

E. That preventive services be made available throughout the State by: 1. Passing legislation requiring approved full-time local health services in all cities; 2. Substantially increasing state subsidies to local health departments.

MENTAL HEALTH

It is recommended that a multi-disciplinary training and research institute be established associated with the University of Michigan and Wayne State University for solving the complex problem of training professional and auxiliary personnel needed in programs for the aged. It also would serve the needs of much needed research.

Increased emphasis should be placed on Day Care Programs and halfway houses to prevent long-term hospitalization or institutional residence.

Special funds should be allocated from state appropriations utilizing matching federal funds, for retraining of personnel in county medical care facilities, nursing and convalescent homes.

The treatment and rehabilitation program in county medical care facilities should be geared towards active rehabilitation with a strong orientation towards returning the individual to his home.

AMA re Chiropractic:

During a hearing before the Special Subcommittee on Federal Employees' Compensation of the Senate Labor and Public Welfare Committee on S. 1710 and S. 2078 which would authorize chiropractic care of injured Federal employees under the provisions of the Federal Employees Compensation Act, AMA Executive Vice President F. J. L. Blasingame, M.D., stated AMA's strong opposition to chiropractic.

"Chiropractors are not educated or equipped, either by background or training, to diagnose human illness. This inability, coupled with their pseudo-scientific method of treatment and their vociferous stand against life-saving vaccines and the well-recognized advances of the medical profession in the control, diagnosis, treatment, and prevention of disease requires, or perhaps demands, that no consideration be given to them."

In concluding his remarks, Doctor Blasingame stated that "We believe that the enactment of S. 1710 or S. 2078 would be neither in the public interest, nor in the interest of those federal employees who might mistakenly seek the services of a cult practitioner, rather than the sound, scientific advice of qualified physicians."

The story about the first MSMS Michigan Congress on Mental Illness and Health, which drew 288 in Detroit (shown above), will be described at the AMA Second National Congress on Mental Illness and Health at Chicago, November 5-7. Recommendations of the Michigan Congress will be considered at the next meeting of the MSMS Mental Health Committee.

NEWS BRIEFS:

He Who Runs May Read That . . .

SAN FRANCISCO—The AMA House of Delegates in San Francisco re-elected William A. Hyland, M.D., Grand Rapids, chairman of the MSMS delegation, to the AMA Council on Constitution and Bylaws.

* * *

EAST LANSING—"School and community persons interested in health projects should work through their county medical societies."

That advice was given by an MSMS spokesman at a Michigan State University Workshop on School Health, July 31.

The "Statement of the AMA Council on Foods and Nutrition" and AMA kits on "Food Fadism" were distributed to the participants.

* * *

REGINA, SASKATCHEWAN—The Saskatchewan Minister of Health reports that the cost of medical care rose 14 per cent in the first quarter of 1964.

Based on the first-quarter cost, the Minister expressed the fear that the 1964 total costs might reach $23,000,000—as compared to $19,400,000 in 1962, the first year of the government plan.

ANN ARBOR—More than 150 incoming residents and interns at the University of Michigan Hospital during a two-day orientation on the practice of medicine in Michigan heard three MSMS and county society leaders. The speakers were MSMS President Orlen J. Johnson, M.D., Bay City; Otto K. Engelke, M.D., head of the Washtenaw County Health Department and a Past President of the State Medical Society; and Robert F. Powers, M.D., President of the Saginaw County Medical Society.

* * *

DETROIT—The Michigan Blue Cross Board of Trustees has elected Bennett J. McCarthy to a new position of vice president and general manager. He formerly was assistant general manager.

The Board also has elected Allen R. Schaedel, director of finance as treasurer. He succeeds Ralph E. Phelps, who was both the corporation treasurer and a board member. Mr. Phelps, who will retain his Board position, is assistant secretary of the S. S. Kresge Co.

Time to Study Candidates, Now; Primary, Sept. 1

On September 1, Michigan voters will go to the polls to participate in one of the most important Primary Elections in years.

Between now and September 1, the voters must familiarize themselves with the candidates and their stands on vital issues.

This will be no easy task!

On July 21, the candidates filed for the September 1 Primary. In addition to contests for the Governor and Lieutenant Governor, the ballot will offer contests for most of the positions to be filled.

This coming Primary Election will be one of the most crucial in years because most of the state legislative districts in Michigan have been changed. As a result, a great percentage change in the make-up of the Legislature is forecast. It's anyone's guess whether the Legislature will wind up under Republican, or Democratic control and that goes for state offices from the Governorship on down.

WSU Medical School Begins New Award

MARGOLIS SCOTT

Frederick Margolis, M.D., Kalamazoo, and Gordon H. Scott, Ph.D., WSU Vice President for Medical School Development, were the only Michigan men among the five recipients of the new Wayne State University School of Medicine's "Distinguished Service Award." Doctor Scott was cited for his work at WSU, and Dr. Margolis for his concern about fluoridation and Indian health problems.

GOP Platform Quotations on Health Matters:

The national Republican party platform, adopted in San Francisco, denounces the Administration's proposal for medical care of the aging under social security:

The document, in part, states:

1. *Help in Medical Financing for the Indigent Aged:* "Tax credits and other methods of assistance to help needy senior citizens meet the costs of medical and hospital insurance."
2. *Social Security:* "A strong, sound system of social security, with improved benefits to our people. . . . Revision of the social security law to allow higher earnings, without loss of benefits by our elderly people."
3. *Improvements in Kerr-Mills Law:* "Full coverage of all medical and hospital costs of needy elderly people financed through broader implementation of Federal-state plans (Kerr-Mills) rather than the compulsory, Democratic scheme covering only a small part of such costs for everyone, regardless of need."
4. *Research, other Medical Programs:* "Continued Federal support for sound research programs aimed at both the prevention and cure of diseases, and intensified efforts to secure prompt and effective application of the results of research. This will include emphasis on illness, drug addiction, alcoholism, cancer, heart disease and other diseases of increasing incidence."

Two men educated in Michigan have been appointed to the AMA-ERF Committee of Scientific Advisors. They are D. D. Van Slyke, bio-chemist with Brookhaven National Laboratory, New York, who received his B.S. and Ph.D. at the University of Michigan; and Maurice B. Visscher, M.D., University of Minnesota medical school, who was born in Holland and received his B.S. from Hope College.

"MICHIGAN MEDICINE" CLICKS: EXCERPTS FROM THE MAILBOX

"The new format for the JOURNAL is great and the July number is an excellent one.

"So that I won't miss an issue it is about time to change my address (September 1 is about moving day) to 2689 Dupont, Jacksonville, Florida 32217. Thanks."

CLARENCE I. OWEN, M.D.
MSMS Past President

* * *

"I have just finished reading the current (July 1964) issue of MICHIGAN MEDICINE.

"The JOURNAL is attractive in format, easy to read, and indeed informative. Both of you can be proud of the results!

"Thank you for your efforts."

HUGH T. CAUMARTIN, M.D.
Saginaw

* * *

"Congratulations on the new make-up of the JOURNAL. The new title, 'Michigan Medicine,' is a fine one, I thought. It is certainly bright, not only on the cover but with its contents."

WM. J. STAPLETON, JR., M.D.
MSMS Historian

* * *

"I wish to congratulate you and your Editorial Staff for the fine new format which you have presented this month of July, 1964. I certainly feel that the appearance has been much improved and will, therefore, be much more acceptable to the public and to the profession.

"Congratulations! Good Luck! —and keep up the good work!"

DONALD N. SWEENY, JR., M.D.
Editor, Detroit Medical News

* * *

"Congratulations on your new publication. It has an attractive cover and I am sure will appeal to the membership of MSMS."

ADELAIDE K. DAVIS
Executive Vice President
State Medical Journal
Advertising Bureau, Inc.

* * *

"Congratulations on your 'new look.'

"We were particularly taken by your four colored pages used for late breaking news.

"I think that if more of the state journals could come up looking like yours that our advertising problems would take care of themselves.

"Best wishes for many future successes."

RICHARD OMOHUNDRO
Managing Editor
Pennsylvania Medical Journal

New Mental Health Director Favors Care Near Home

The new Michigan Community Mental Health Services Act is "an excellent start in the right direction," declared Robert A. Kimmich, M.D., new director of the Michigan Department of Mental Health, in his first news conference.

"The Act is not a panacea for all mental health services," he also observed. He urged the partnerships between state and county governments made possible under the new Act "should be encouraged." Doctor Kimmich, who comes from San Francisco, where he had been director of mental health services since 1960, also stressed the importance of community mental health services and the "continuity of patient care as close to home as possible."

The Michigan Health Council television program over WZZM-TV in Grand Rapids recently featured Morris Wilderom, M.D., Grand Rapids, in a program about "Venereal Disease."

Official Call

The Michigan State Medical Society will convene in Annual Session in Detroit, Michigan, September 20-25, 1964. The provisions of the Constitution and ByLaws and the Official Program will govern the deliberations.

Orlen J. Johnson, M.D.
President
Harold H. Hiscock, M.D.
Council Chairman
J. J. Lightbody, M.D.
Speaker
Louis F. Hayes, M.D.
Vice Speaker

Attest:
D. Bruce Wiley, M.D., *Secretary*

OUR STATE SOCIETY

Official Call for 99th Annual Session Michigan State Medical Society

The 1964 House of Delegates of the Michigan State Medical Society will hold a three-day session beginning Sunday, September 20, at 8:00 p.m. The business of the House of Delegates will be transacted in the Grand Ballroom of the Sheraton- Cadillac Hotel, Detroit.

The House will also meet on Monday, September 21, at 8:30 a.m. and 8:00 p.m. and on Tuesday, September 22, at 8:30 a.m. and at 8:00 p.m.

The following pages include the House of Delegates Order of Business, Official Announcements and List of Delegates.

SEATING OF DELEGATES

"A Delegate, or in his absence, an Alternate Delegate (in order of seniority) becomes a member of the House of Delegates when duly registered and seated at the Annual Session following his election and certification by the component County Society. Once seated a Delegate shall remain a Delegate throughout the entire Session and thereafter until the next Annual Session of the House of Delegates and his place shall not be taken by any other Delegate or Alternate Delegate except that in case of emergency the House of Delegates may seat a duly accredited Alternate Delegate from the same component County Society. Any Delegate-Elect not present to be seated at the hour of call of the first meeting may be replaced by the accredited Alternate Delegate next on the certified list furnished by his component County Society."—MSMS Bylaws, Chapter 9, Section 4.

O. J. Johnson, M.D.
Bay City
President

J. J. Lightbody, M.D.
Detroit
Speaker

H. H. Hiscock, M.D.
Flint
Council Chairman

L. F. Hayes, M.D.
Gaylord
Vice Speaker

D. B. Wiley, M.D.
Utica
Secretary

Order of Business:

1964 MSMS HOUSE OF DELEGATES

SUNDAY, SEPTEMBER 20, 1964

Grand Ballroom, Sheraton-Cadillac Hotel, Detroit

6:00 p.m.—Registration
Speaker's Dinner with Reference Committee Chairmen: Washington Room

8:00 p.m.—First Meeting

1. Call to Order by Speaker
2. Report of Committee on Credentials
3. Prayer by Ralph R. Cooper, M.D., Detroit
4. Appointment of Reference Committees:
    - (a) On Constitution and Bylaws
    - (b) On Emergency Medical Service
    - (c) On Executive Session
    - (d) On Hygiene and Public Health
    - (e) On Legislation and Public Relations
    - (f) On Medical Service and Prepayment Insurance
    - (g) On Miscellaneous Business
    - (h) On Reports of Council
    - (i) On Reports of Officers
    - (j) On Reports of Special Committees
    - (k) On Reports of Standing Committees
    - (l) On Resolutions
    - (m) On Rules and Order of Business
    - (n) On Special Memberships
    - (o) On Ways and Means
5. Speaker of the Evening—Milford O. Rouse, M.D., Speaker of the House of Delegates, American Medical Association
6. Speaker's Remarks—J. J. Lightbody, M.D., Detroit
7. Report of House of Delegates Committee on Certificates of Commendation
8. Introduction of Resolutions

MONDAY, SEPTEMBER 21, 1964

Grand Ballroom, Sheraton-Cadillac Hotel, Detroit

8:30 a.m.—Second Meeting

9. Supplemental Report of Committee on Credentials
10. Introduction of Resolutions
11. President's Address—O. J. Johnson, M.D., Bay City
12. President-Elect's Address—Oliver B. McGillicuddy, M.D., Lansing
13. Greetings of Woman's Auxiliary—Mrs. R. J. Himmelberger, Lansing, President
14. Greetings of Michigan State Medical Assistants Society —Mrs. Dorothy Brandis, Lansing, President
15. Annual and Supplemental Annual Reports of The Council (including Annual Reports of Committees of The Council)—Harold H. Hiscock, M.D., Flint, Chairman of The Council
16. Report of Delegates to American Medical Association—Wm. A. Hyland, M.D., Grand Rapids, Chairman
17. Report of Michigan Medical Service—Sidney Adler, M.D., Detroit, President
18. Reports of Committees of the House of Delegates:
    - (a) Centennial Advisory Committee
    - (b) Committee on Constitution and Bylaws
    - (c) Committee to Study Emergency Care in Hospitals
    - (d) Committee to Study Procedure of the House of Delegates
    - (e) Committee to Study Relationship Between Doctors of Medicine and Osteopaths
    - (f) Committee to Study Section Representation in the House of Delegates of MSMS
19. Reports of MSMS Standing and Special Committees:
    - (a) Committee on Postgraduate Medical Education
    - (b) Public Health Committee
        - (1) Committee on Cardiac Disease Control
        - (2) Committee on Maternal Health
        - (3) Committee on Venereal Disease Control
        - (4) Committee on Tuberculosis Control
        - (5) Committee on Cancer Control
        - (6) Committee on Occupational Health
        - (7) Committee on Mental Health
        - (8) Committee on Child Welfare
        - (9) Committee on Geriatrics
        - (10) Committee on Rural Medical Service
        - (11) Committee on Blood Banks
        - (12) Committee on Highway Accident Prevention
        - (13) Committee on Diabetes Control
        - (14) Commmittee on Iodized Salt
    - (c) Public Health Interim Committee
    - (d) Committee on Public Relations
    - (e) Committee on Ethics
    - (f) Committee on Legal Affairs
    - (g) Committee on Mediation
    - (h) Advisory Committee to the Woman's Auxiliary of the MSMS
    - (i) Advisory Committee to the Michigan State Medical Assistants Society
    - (j) Committee on Professional Insurance Plans
    - (k) Advisory Committee of Past Presidents
    - (l) Medical Socio-Economics Committee
    - (m) Committee on Scientific Radio and Television
    - (n) Annual Session Program Committee

MONDAY, SEPTEMBER 21, 1964

Grand Ballroom, Sheraton-Cadillac Hotel, Detroit

8:00 p.m.—Third Meeting

20. Supplemental Report of Committee on Credentials
21. Unfinished Business
22. Introduction of Resolutions; Other New Business
23. Reports of Reference Committees:
    - (a) On Constitution and Bylaws
    - (b) On Emergency Medical Service
    - (c) On Executive Session
    - (d) On Hygiene and Public Health
    - (e) On Legislation and Public Relations
    - (f) On Medical Service and Prepayment Insurance
    - (g) On Miscellaneous Business
    - (h) On Reports of Council
    - (i) On Reports of Officers
    - (j) On Reports of Special Committees
    - (k) On Reports of Standing Committees
    - (l) On Resolutions

FORM FOR RESOLUTIONS TO HOUSE OF DELEGATES

Each resolution introduced in the House of Delegates shall be introduced by a Delegate. It shall be in writing and presented in triplicate to the Secretary. It shall be referred by the Speaker to the proper Reference Committee before action is taken thereon. (Bylaws, Chapter 9, Section 13.)

Official printed resolution forms follow the below format:

Date____________________

Introduced by:_____________________________, M.D.

__________________________County Medical Society

SUBJECT:______________________________________

Whereas,_________________________________, and

Whereas,__________________________, therefore be it

RESOLVED:____________________________________

NOTE: Each Delegate is invited to send a copy of all resolutions to Speaker J. J. Lightbody, M.D., Box 152, East Lansing.

   (m) On Rules and Order of Business
   (n) On Special Memberships
   (o) On Ways and Means

TUESDAY, SEPTEMBER 22, 1964

Grand Ballroom, Sheraton-Cadillac Hotel, Detroit

8:30 a.m.—Fourth Meeting

24. **Supplemental Report on Committee on Credentials**
25. **Reports and Supplemental Reports of Reference Committees**
26. **Unfinished Business**
27. **Introduction of Resolutions; Other New Business**

11:30 a.m.—Awards

28. Awards:
    (a) Report of Committee on "Certificates of Commendation"
    (b) Fifty-Year Awards
    (c) Awards to Employees (per 1961 House of Delegates)

TUESDAY, SEPTEMBER 22, 1964

Grand Ballroom, Sheraton-Cadillac Hotel, Detroit

8:00 p.m.—Fifth Meeting

29. **Supplemental Report of Committee on Credentials**
30. **Unfinished Business**
31. **Supplemental Reports of Reference Committees**
32. **Introduction of incoming President of MSMS, Oliver B. McGillicuddy, M.D., Lansing—O. J. Johnson, M.D., Bay City, President, MSMS**
33. **Elections:**
    (a) Councilors:*
        1st District—Edward J. Tallant, M.D., Detroit—Incumbent
        1st District—Edgar E. Martmer, M.D., Detroit—Incumbent
        1st District—Don W. McLean, M.D., Detroit—Incumbent
        4th District—Don Marshall, M.D., Kalamazoo—Incumbent
        5th District—C. Allen Payne, M.D., Grand Rapids—Incumbent
        6th District—Harold H. Hiscock, M.D., Flint—Incumbent
        10th District—Edward H. Rodda, M.D., Bay City—Incumbent
        14th District—Bradley M. Harris, M.D., Ypsilanti—Incumbent
    (b) Delegates to American Medical Association:
        C. I. Owen, M.D., Detroit—Incumbent
        G. W. Slagle, M.D., Battle Creek—Incumbent
        D. N. Sweeny, Jr., M.D., Detroit—Incumbent
    (c) Alternate Delegates to American Medical Association:
        R. E. Rice, M.D., Greneville—Incumbent
        A. Hazen Price, M.D., Detroit—Incumbent
        E. E. Martmer, M.D., Grosse Pointe—Incumbent
    (d) President-Elect
    (e) Speaker of the House of Delegates
    (f) Vice Speaker of the House of Delegates
34. **Introduction of the new MSMS President-Elect—Oliver B. McGillicuddy, M.D., Lansing, incoming President, MSMS**
35. **Adjournment**

MSMS CENTENNIAL ONE YEAR AWAY

As September nears, MSMS leaders are looking ahead one year—to the 100th Centennial Annual Session of the Michigan State Medical Society! The 100th Annual Meeting will be held in 1965 in Detroit—where the organization was formed a century ago.

Many special highlights are being planned now for the Centennial meeting, set for September 19-24, 1965. The annual meeting will begin a year-long observance of the society's centennial.

Reservations for hotel rooms for the 1964 Annual Session should be mailed now to the Sheraton-Cadillac (headquarters hotel) or to the hotel of your choice. The 1964 dates are September 20-21-22 for the House of Delegates and September 23-24-25 for the Annual Scientific Session. Decide today to participate.

SCHEDULE OF THE GENERAL MEETING OF THE MICHIGAN STATE MEDICAL SOCIETY

Formal installation of the President of the Michigan State Medical Society will take place during a general meeting of the Society at the time of the State Society Dinner Dance:

Thursday, September 24, 1964, in the Grand Ballroom, Sheraton-Cadillac Hotel, Detroit

Presiding, O. J. Johnson, M.D., Bay City, President. Installation of New President: Oliver B. McGillicuddy, M.D., Lansing.

MICHIGAN MEDICAL SERVICE SCHEDULE

Tuesday, September 22, 1964

12:30 p.m. Luncheon, English Room, Sheraton-Cadillac Hotel

1:30 p.m. Meeting of Members of the Corporation, Ballroom, Sheraton-Cadillac Hotel

All MSMS Delegates are members of Michigan Medical Service Corporation and are expected to attend the MMS Luncheon and Annual Meeting. The MMS Annual Meeting is open to ALL members of the medical profession, who are cordially invited to attend.

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*MSMS Bylaws, Chapter 12, Section 1—Term of Office: "Except as herein otherwise provided, officers shall take office immediately after the election. With the exception of Councilors, they shall serve until the next Annual Session and until their respective successors shall have been elected. Councilors elected prior to 1960 shall serve for five years. Councilors elected in 1960 and thereafter shall serve for three years, provided, however, that in the year 1963 six Councilors shall be elected for terms of three years each and three Councilors shall be elected for terms of two years each. The election of Councilors in said years shall be conducted in the usual manner as prescribed in Section 10 of Chapter 9 of these Bylaws, and immediately thereafter, the length of the respective terms to be served by those elected shall be determined by lot under the direction of the Speaker of the House of Delegates."

Delegates and Alternates For '64 House of Delegates

SHERATON-CADILLAC HOTEL, DETROIT

SEPTEMBER 20-21-22, 1964

(Names of Alternates appear in italics)

OFFICERS

Speaker
James J. Lightbody, MD, 501 David Whitney Bldg., Detroit 26
Vice Speaker
Louis F. Hayes, MD, Gaylord
Secretary
D. Bruce Wiley, MD, 46056 Cass Avenue, Utica
Immediate Past President
Clarence I. Owen, MD, Box 569, Harrow, Ontario, Canada

ALLEGAN
Lewis F. Brown, MD, 133 E. Allegan Street, Otsego
Gerald VanderVoord, MD, 312 E. Plum St., Wayland

ALPENA-ALCONA-PRESQUE ISLE
John W. Bunting, MD, 110 First Ave., Alpena
Edward A. Hier, MD, 125 N. Second Ave., Alpena

BARRY
Robert J. Huebner, MD, 110 West Center, Hasting
Everett L. Phelps, MD, 535 E. Francis St., Hastings

BAY-ARENAC-IOSCO
Wm. G. Gamble, Jr., MD, 2010 Fifth Ave., Bay City
Robert C. Prophater, MD, 101 W. John St., Bay City
Allen B. Moore, MD, 700 Borton Ave., Essexville

BERRIEN
Noel J. Hershey, MD, P.O. Box 222, Niles
Paul O. Rague, MD, 960 Agard, Benton Harbor
F. Alan Kennedy, MD, 315 Fidelity Bldg., Benton Harbor
Frederick H. Lindenfeld, MD, 8 N. St. Joseph Ave., Niles

BRANCH
Robert M. Leitch, MD, 401 Ann St., Union City
Robert J. Fraser, MD, 22 W. Pearl St., Coldwater

CALHOUN
George T. Kelleher, MD, 235 North Ave., Battle Creek
R. C. Roman, MD, 500 S. Ionia St., Albion
K. S. Wemmer, MD, 1472 W. Michigan Ave., Battle Creek
Alfred G. McCuaig, MD, 719 Capital Ave., Battle Creek
S. A. Yannitelli, MD, 710 North Ave., Battle Creek
D. E. Boswell, MD, 105 N. Jefferson St., Marshall

CASS
Uriah M. Adams, MD, Marcellus
Sherman L. Loupee, MD, 108 Orchard, Dowagiac

CHIPPEWA-MACKINAC
Donald D. Finlayson, MD, 301 E. Spruce St., Sault Ste. Marie
Wm. F. Mertaugh, MD, 104 W. Spruce St., Sault Ste. Marie

CLINTON
Franklin W. Smith, MD, 105 S. Ottawa St., St. Johns
James M. Grost, MD, 110 Oakland St., St. Johns

DELTA-SCHOOLCRAFT
Francis C. Anderson, MD, 218 S. 10th St., Escanaba
Merle E. Wehner, MD, 131 River St., Manistique

DICKINSON-IRON
Donald T. Anderson, MD, 408 Hamilton Ave., Kingsford
William R. Gladstone, Jr., MD, 804 Main St., Norway

EATON
Byron P. Brown, MD, 319 E. Lawrence Ave., Charlotte
Clayton O. Willits, MD, 141 S. Washington, Charlotte

GENESEE
Franklin W. Baske, MD, 1217 Moot Foundation Bldg., Flint 3
Lawrence G. Bateman, MD, 1928 Lewis St., Flint 6
Wm. F. Buchanan, MD, 238 W. Caroline St., Fenton
Clifford W. Colwell, MD, 706 Citizens Bank Bldg., Flint
H. Maxwell Golden, MD, 218 E. Court St., Flint 3
Phillip K. Stevens, MD, 1116 Moot Foundation Bldg., Flint 3
John Quinn, Jr., MD, Medical Arts Bldg., 2765 Flushing Rd., Flint
Ernest P. Griffin, MD, 621 Moot Foundation Bldg., Flint
Richard J. McMurray, MD, Medical Arts Bldg., 2765 Flushing Rd., Flint
Lewis E. Simoni, MD, 3210 S. Dort Hwy., Flint 7
Glenn E. Moore, MD, 323 W. Second St., Flint 3
Vernon Urich, MD, 1315 Mott Foundation Bldg., Flint

GOGEBIC
John R. Franck, MD, 401 Sunday Lake, Wakefield
Percy J. Murphy, MD, Seaman Building, Ironwood

GRAND TRAVERSE-LEELANAU-BENZIE
Frank H. Power, MD, 116 Cass St., Traverse City
John R. Spencer, MD, 1124 E. Front St., Traverse City

GRATIOT-ISABELLA-CLARE
John M. Wood, MD, 314 S. Brown St., Mt. Pleasant
Donald Barstow, MD, 215 W. Saginaw St., St. Louis

HILLSDALE
Luther W. Day, MD, Jonesville
Arthur W. Strom, MD, 32 Broad St., Hillsdale

HOUGHTON-BARAGA-KEWEENAW
Andrew M. Roche, MD, 221 Fifth St., Calumet
Paul S. Sloan, MD, 609 Sheldon Ave., Houghton

HURON
C. Willis Oakes, MD, Harbor Beach
Edward E. Steinhardt, MD, Bad Axe

INGHAM
L. A. Drolett, MD, 3526 W. Saginaw St., Lansing
H. W. Harris, MD, 609 N. Washington Ave., Lansing
D. Bonta Hiscoe, MD, 2909 E. Grand River, Suite 104, Lansing
Henry E. Malcolm, MD, 919 E. Grand River, East Lansing
R. M. Stow, MD, 2909 E. Grand River, Suite 215, Lansing
Donald J. Aiken, MD, Grandview & Grand River, Box 128, Okemos
R. E. Hames, MD, 1322 E. Michigan, Suite 205, Lansing
Irving E. Silverman, MD, 2909 E. Grand River, Suite 209, Lansing
Samuel H. Rutledge, Jr., MD, 1322 E. Michigan, Suite 212, Lansing
Kenneth J. Feeney, MD, 1908 Michigan National Tower, Lansing 8

IONIA-MONTCALM
Robert E. Rice, MD, P.O. Box 271, Greenville
Richard E. Campbell, MD, 106 N. Depot, Ionia

JACKSON
John W. Rice, MD, 421 McNeal Street, Jackson
H. L. Oster, MD, 1218 Greenwood Ave., Jackson
W. A. Wickham MD, 2029 Fourth St., Jackson
F. P. McQuillan, MD, 611 Center St., Jackson

KALAMAZOO
W. Kaye Locklin, MD, 1410 American National Bank Bldg., Kalamazoo
Don Marshall, MD, 252 E. Lovell St., Kalamazoo
Edwin O. Pearson, MD, 458 W. South St., Kalamazoo
Frederick C. Ryan, MD, 1631 Gull Road, Kalamazoo
Robert R. Dew, MD, 1711 Merrill St., Kalamazoo
Adrian J. Neerken, MD, 404 Bronson Medical Center, Kalamazoo
Russell M. Cashen, MD, 403 Bronson Medical Center, 252 E. Lovell, Kalamazoo

KENT
Noyes L. Avery, Jr., MD, 515 Lakeside Drive, S.E., Grand Rapids
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Wm. R. Purmort, MD, Newberry State Hospital, Newberry

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Edward G. Siegfried, MD, 229 S. Gratiot Ave., Mt. Clemens
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WEXFORD-MISSAUKEE

Gregory P. Moore, MD, 107½ N. Mitchell St., Cadillac
Dean W. Seger, MD, Lake City

DUTIES OF HOUSE OF DELEGATES COMMITTEES EXPLAINED

Ad Hoc Committee To Study the Procedures Of the House of Delegates

The 1963 House of Delegates authorized that the Speaker of the House appoint an Ad Hoc Committee of the House of Delegates "to determine if revisions are necessary so that the House of Delegates may operate more efficiently," and to report at the 1964 Session.

1963-64 Membership

H. A. Furlong, M.D., *Chairman*, 35 E. Johnson Avenue, Pontiac
Otto K. Engelke, M.D., 313 Washtenaw County Bldg., Ann Arbor
L. A. Drolett, M.D., 3526 W. Saginaw Street, Lansing
A. B. Gwinn, M.D., 102 E. State Street, Hastings
K. H. Johnson, M.D., 1116 Michigan National Tower, Lansing
M. R. Weed, M.D., 1059 Berkshire Road, Grosse Pte. Park
D. Bruce Wiley, M.D., 46056 Cass, Utica

Ad Hoc Committee To Study Section Representation In the House of Delegates

The 1963 House of Delegates authorized the Speaker to appoint an Ad Hoc Committee of the House to Study in depth the structure of the sections of the Michigan State Medical Society. (A resolution (#62) had been introduced resolving, in part, "That the House of Delegates authorize the election of a delegate from each of the presently authorized and established specialty sections of MSMS.")

1963-64 Membership

H. F. Falls, M.D., *Chairman*, 1313 E. Ann Street, Ann Arbor
N. L. Avery, Jr., M.D., 515 Lakeside Drive, S.E., Grand Rapids
G. S. Fisher, M.D., 1709 David Whitney Building, Detroit
G. T. McKean, M.D., 1553 Woodward Avenue, Detroit
J. R. Quinn, Jr., M.D., 2070 W. Valley Road, Bloomfield Hills
M. S. Sharp, M.D., 521 N. Capital, Lansing
P. K. Stevens, M.D., 1116 Mott Foundation Building, Flint

Committee On Certificates of Commendation

The House of Delegates Committee on "Certificates of Commendation" shall be composed of a Chairman and six members appointed by the Speaker. The Committee shall select awardees for "Certificates of Commendation" which may include both scientific and/or public service and which may be awarded annually to one or several physicians who distinguish themselves in the medical profession. The Committee shall report its recommendations to the House of Delegates.

1963-64 Membership

W. L. Brosius, M.D., *Chairman*, 1823 Fair Oak Court, Rochester
J. B. Blodgett, M.D., 76 W. Adams Street, Detroit
J. R. Brink, M.D., 50 College Ave., S.E., Grand Rapids
J. W. Rice, M.D., 421 McNeal Street, Jackson
V. P. Russell, M.D., 324 Washington Square Building, Royal Oak
H. A. Towsley, M.D., University Hospital, Ann Arbor

Committee On Constitution and Bylaws

The House of Delegates Committee to Review Constitution and Bylaws shall be composed of a Chairman and five members appointed annually by the Speaker of the House of Delegates (with the MSMS Legal Counsel acting as ex-officio member). The Committee shall periodically review the MSMS Constitution and Bylaws for possible improvements, shall study any recommendations made by component societies and individual members, and shall report its recommendations to the House of Delegates at its next Annual Session.

1963-64 Membership

H. M. Golden, M.D., *Chairman*, 218 E. Court Street, Flint
G. H. Bauer, M.D., 2015 Manchester Road, Ann Arbor
L. J. Bailey, M.D., 20905 Greenfield Road, Southfield
A. L. Brown, M.D., 35 S. Johnson, Pontiac
C. J. Pollina, M.D., 21503 Harper, St. Clair Shores
K. S. Wemmer, M.D., 1472 W. Michigan Avenue, Battle Creek

Committee On Emergency Care in Hospitals

The House of Delegates in 1962 established a Committee on Emergency Care in Hospitals and in 1963 took action to continue the Committee "so that the House of Delegates can be periodically appraised of activity in this important area."

1963-64 Membership

J. R. Pedden, M.D., *Chairman*, 445 Cherry St., S.E., Grand Rapids
Louis Carbone, M.D., 14711 Gratiot Avenue, Detroit
C. E. Darling, M.D., 673 Fisher Building, Detroit
Don Marshall, M.D., 252 E. Lovell Street, Kalamazoo

R. M. Stow, M.D., 2909 E. Grand River, East Lansing
R. G. Swanson, M.D., 314 Eastland Professional Bldg., Detroit

Committee to Study Relationships Between Doctors of Medicine and Osteopaths

The House of Delegates Committee to Study Relationship between Doctors of Medicine and Osteopaths shall be appointed by the Speaker, composed of a Chairman and eight members representative of both the House of Delegates and of The Council.

The Committee shall determine those relationships between medical and osteopathic physicians that require exploration and the methods whereby such explorations can most profitably be carried out for the public good. The Committee shall present its recommendations to the House of Delegates.

1963-64 Membership

A. B. Levant, M.D., *Chairman,* 15715 E. Warren, Detroit 24
E. G. Siegfried, M.D., 229 S. Gratiot Avenue, Mt. Clemens
C. L. Weston, M.D., Matthews Building, Owosso
E. S. Woodworth, M.D., 1200 Byron Road, Howell

Centennial Advisory Committee

The 1963 House of Delegates authorized the Speaker to appoint an Advisory Committee from the House of Delegates "to act in concert with the Committee of The Council" re the Centennial. The Council in its Annual Report, had recommended that the House of Delegates participate actively in the Centennial Celebration.

1963-64 Membership

L. F. Hayes, M.D., *Chairman,* Gaylord
Sidney Adler, M.D., 3011 W. Grand Blvd., Detroit
E. C. Baumgarten, M.D., 20867 Mack Avenue, Grosse Pte. Woods
W. C. Beets, M.D., 124 Fulton Street, E., Grand Rapids
W. C. C. Cole, Jr., M.D., 3011 W. Grand Blvd., Detroit
J. J. Lightbody, M.D., 501 David Whitney Building, Detroit

MSMS Cosponsors Event To Study Maternal Health

The Michigan State Medical Society was a cosponsor for a special conference for about 100 persons who teach expectant-parent classes.

Robert F. Trescott, M.D., Lansing, chairman of the MSMS subcommittee on lay-education for maternal health, spoke about "Education for Motherhood."

The event, at Waldenwoods, was cosponsored with the Michigan Department of Health.

Three Michigan Physicians Given Honorary Degrees

Honorary degrees were conferred on three Michigan physicians at annual commencement exercises held on Michigan campuses.

Orlen J. Johnson, M.D., of Bay City, President of the Michigan State Medical Society, was presented an Honorary Degree in the Humanities by President J. Donald Phillips, of Hillsdale College. Dr. Johnson received his bachelor of science degree from Hillsdale College in 1927.

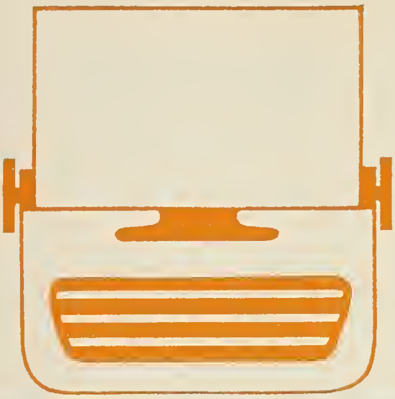
Paul Van Riper, M.D., Champion, Michigan, was granted an Honorary Degree of Doctor of Humane Letters at Northern Michigan University. The degree was conferred by NMU President Edgar L. Harden. Dr. Van Riper was honored in 1957 by the Michigan State Medical Society as "Michigan's Foremost Family Physician." He has been health officer of Champion, Humboldt and Republic Townships for more than 50 years.

E. Gifford Upjohn, M.D., Kalamazoo, was awarded the Honorary Degree of Doctor of Laws by Western Michigan University by WMU President James W. Miller. Dr. Upjohn, recently elected national chairman of the Pharmaceutical Manufacturers' Association, is a past president of the Kalamazoo Academy of Medicine.

the physician's role in the fluoride program

MSMS Members Share Findings

Among the MSMS members with scientific exhibits at the 1963 Annual Session were F. J. Margolis, M.D., (*left*) and Robert Gove, M.D., both of Kalamazoo. There will be no scientific exhibits at the 1964 annual meeting, but they will be sought for the 1965 Centennial Annual Session at Cobo Hall, Detroit.



EDITORIAL VIEWS

Annual Scientific Session To Feature Panels, CPC

By Harry A. Towsley, M.D., Chairman
Annual Session Program Committee

The outstanding success of the 1963 Michigan State Medical Society Annual Scientific Session prompted the Program Committee for the 1964 session to continue with the panel discussion type program.

The wide scope of subjects presented on this program by the most competent men available in the country, representing eminent teachers in many specialty fields, should provide ample opportunity for an excellent continuing educational experience for members of the Michigan State Medical Society.

It is anticipated that there will be adequate time for discussion and questions from the floor, as well as an unusual opportunity for those present to meet and hear the outstanding medical scientists in the fields represented.

With the very able help and assistance of the many section chairmen of the State Medical Society, the following topics of current interest and areas in which many new advances have been made were chosen for the 1964 Annual Session, September 23-25 in Detroit:

Pancreatic Disorders
Shock
Maternal Deaths
Trends in Diagnosis and Treatment of Allergic Diseases
Cancer and Other Tumors of the Head and Neck
Headaches
Genesis and Sequelae of an Automobile Accident
The Recognition and Management of certain Hereditary Diseases
Skin Manifestations of Systemic Disease
Some Common Endocrine Disorders

In recognition of the excellent work by the Maternal Health Committee of the Society in reducing maternal mortality, the Program Committee was particularly desirous of stressing its accomplishments, and for this reason has arranged a clinical pathological conference, which should be of particular interest to all physicians in the practice of medicine.

It is the sincere desire of the program committee and section officers that every member of the State Medical Society take full advantage of this program.

Drug Safety Syndrome

A "drug safety uncertainty" syndrome is developing among sick people who require prescribed medication to get well or remain alive, according to William S. Apple, Executive Director of the American Pharmaceutical Association.

Dr. Apple reports that patients are asking pharmacists to assure them that the drugs which have been prescribed for them are 100 per cent "safe." This is a marked change from a few years ago when patients inquired from the pharmacist whether a drug was completely "effective."

In a sense, Americans have come to expect daily miracles from scientists, industries, and professional practitioners in every field, particularly medicine and pharmacy.

Testifying before a congressional committee, Doctor Apple said:

"I have in my hand an unlabeled bottle containing tablets of a well-known drug. We have scores of scientific books and hundreds of scientific periodicals which contain information about the relative safety and efficacy of this drug. The experts concerned with pharmacological activities say this drug will produce gastric hemorrhage."

"One researcher reports a gastric hemorrhage after taking only two tablets of this drug. In addition to capillary damage, hemorrhages have been observed in the kidneys, brain, liver, and mucous membranes. It has been reported that one tablet of this drug may provoke a serious attack in asthma patients."

"According to the scientific literature, this drug may produce general symptoms of dizziness; deafness; perspiration; nausea; diarrhea; tachycardia. In large doses it has been observed to produce cardiac insufficiency, shock, coma, and necrosis of the liver. The drug can damage the acoustic and optic nerves to the extent of causing complete deafness and blindness."

"On March 25, 1964, one manufacturing firm marked the observance of its production of the 300 billionth tablet of this drug. What is this drug? It is acetylsalicylic acid, or aspirin. It can be legally obtained without a prescription order and without question is the most widely used drug in the world today."

One wonders how long it might have taken the Food and Drug Administration to approve a new drug application for aspirin if it had been discovered in 1964?

Aspirin is a most valuable drug because it has benefits that significantly outweigh the possible risks involved in its use. In the words of the American Pharmaceutical Association, it has a high "benefit to risk ratio." The APhA recommends that the benefit to risk ratio of a drug should be applied to the total patient universe in considering the release of any new drug and further contends that even a drug adjudged to have a negative benefit to risk ratio should be available if it will help a physician to save the life of a single patient.

Medicine and Pharmacy, the Pharmaceutical industry, and the Food and Drug Administration, have a responsibility to work incessantly and cooperatively for the most positive benefit to risk ratio.

Surely public interest in drug safety is having a good effect on governmental agencies, health professions, and drug manufacturers. Nevertheless, hysteria must be avoided, as must highly restrictive legislation which is ultimately not in the best interest of the public.

Potent Message; Thanks!

By B. M. Harris, M.D., Chairman
MSMS Publication Committee

Hats Off!

Michigan Medicine wishes to salute nine pharmaceutical firms for an effective public educational program being carried out through cooperative advertising in some of the popular national magazines.

We especially refer to their recent advertisement, with an appealing face of an elderly gentleman with the following message:

> "May good health keep me independent.
>
> "The silent prayer forms in all our minds. That somehow we be spared the crippling infirmities of age that would make us dependent on those we love.
>
> "Once such a prayer had little meaning. Today, miraculously, it's being answered as more and more afflictions of the aged are overcome by modern medicine. By drugs and treatments that control cardiovascular disease, clarify confused minds or enable once-hopeless arthritics to leave their beds.
>
> "It's a satisfying job, providing for the medical needs of our aged. And as their numbers grow, the search intensifies for still better medicines to cope with these and other cruel debilities.
>
> "To this task, many doctors and drug industry scientists are devoting their lives, spurred by the hope that the next discovery may contribute to the never-ending war against disease and suffering.
>
> "Already, we can look forward to lives 10 years longer, on the average, than those of our parents. But more important, modern drug research is helping make these "golden years" healthy, happy ones.
>
> "This is the value of modern drugs—protecting your health and reducing the cost of illness."

PEPTIC ULCER • FUNCTIONAL HYPERMOTILITY • IRRITABLE COLON

PYLOROSPASM • BILIARY DYSKINESIA • PANCREATITIS • URETERAL AND URINARY BLADDER SPASM • GASTRITIS

BRAND OF PROPANTHELINE BROMIDE
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PRO-BANTHĪNE (propantheline bromide) **Assures Authoritative Anticholinergic Control in Gastrointestinal Dysfunctions**

The clear and consistent therapeutic benefits of Pro-Banthīne (propantheline bromide) have made it the preferred anticholinergic for the past decade.

During that time, many compounds have been developed and proposed as alternatives. In the appraisal of Roach[1] "... few, if any, have seemed to offer a distinct improvement, ..."

Early investigations showed that Pro-Banthīne (propantheline bromide) reduces motility and acid secretion and may be used in a wide range of dosage, to bring prompt, positive anticholinergic benefits to patients with peptic ulcer, spastic colon, pylorospasm and related gastrointestinal dysfunctions.

Recent evaluations sustain these earlier judgments. In a current authoritative assessment based mainly on the factors of potency, superiority to atropine, clinical experience and physiologic study, Steinberg and Almy[2] select as the first two preferred anticholinergic drugs, methantheline [Banthīne] and propantheline [Pro-Banthīne].

The name Pro-Banthīne (propantheline bromide) sets a stamp of therapeutic authority on any anticholinergic prescription.

Side Effects and Precautions—Urinary hesitancy, xerostomia, mydriasis and, theoretically, a curare-like action may occur. The drug is contraindicated in patients with glaucoma or severe cardiac disease.

Dosage—The usual adult dosage is one tablet of 15 mg. with meals and two at bedtime; this amount may be doubled or tripled for patients with severe conditions. Pro-Banthīne (brand of propantheline bromide) is supplied as tablets of 15 mg. and, for parenteral use, as serum-type ampuls of 30 mg.

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Research in the Service of Medicine

1. Roach, T. C.: Therapy of Peptic Ulcer, J. Louisiana Med. Soc. *115:*136-139 (April) 1963.
2. Steinberg, H., and Almy, T. P., Drugs for Gastrointestinal Disturbances, Chapter 21, in Modell, W. (editor): Drugs of Choice—1964-1965, St. Louis, The C. V. Mosby Company, 1964, p. 343.

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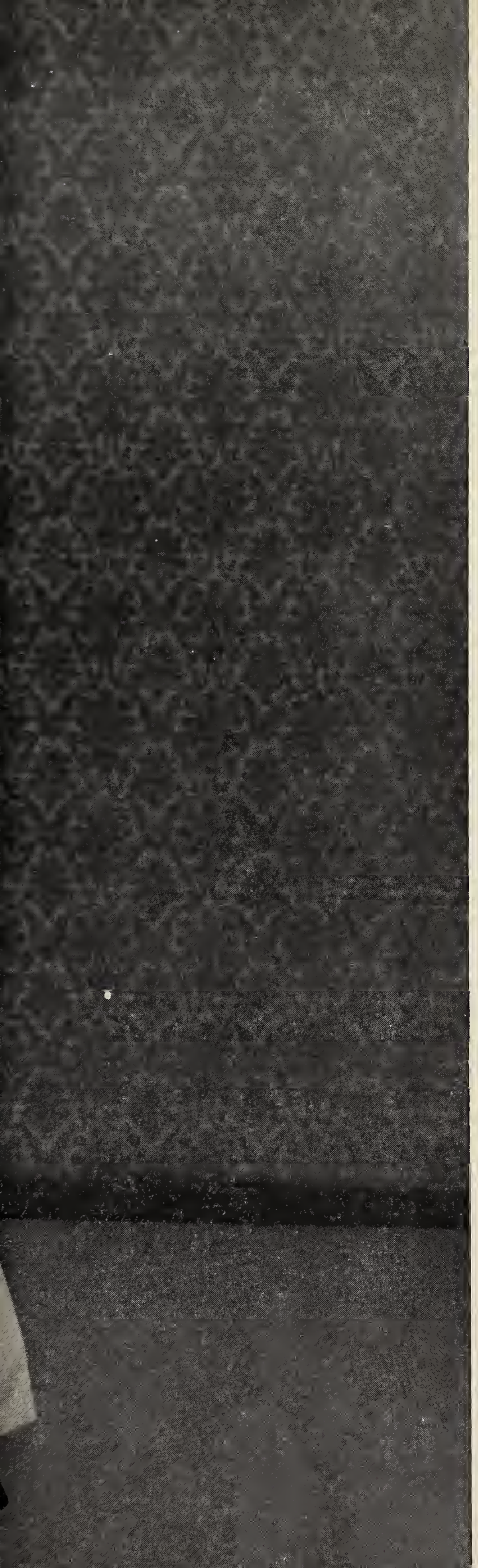

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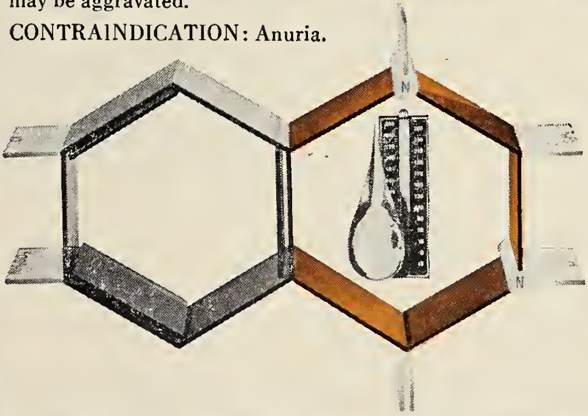

1. Steigmann, F., and Griffin, R.: Evaluation of Quinethazone, a New Diuretic. *J. Amer. Geriat. Soc.* 11:945 (Oct.) 1963.
2. Schwartz, M.: Office Evaluation of a New Diuretic in Patients with Hypertensive Diseases. Scientific Exhibit Presented at the Clinical Meeting of the American Medical Association, Los Angeles, California, Nov. 25-28, 1962.

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✓ A Disability Insurance Check-Up

By BEN STRATTON
MSMS Insurance Consultant

Probably no one is more conscious of the need for disability insurance than you as a physician. It follows then that you have probably acquired several disability policies over a period of years.

For those who might be wondering just how good (or how bad) their disability policies are, here is a check list to help you make your own evaluation:

✓

1. What assurance do you have that the policy will not be terminated if you become a poor health risk?

If your policy states it is non-cancellable and guaranteed renewable you can rest easy. This means that the carrier cannot terminate the policy except for non-payment of premium.

If the policy states only that it is guaranteed renewable, you still have a good deal. The premium is probably less, but the company has reserved the right to raise premiums if they do so to an entire classification of their insureds.

If your policy is part of an association sponsored plan, you have the assurance that your policy will not be individually terminated. It would be necessary for the carrier to terminate the entire group, and this is usually an unlikely situation.

It should be remembered however that most health policies have a termination clause effective at a certain age. This may be 60, 65 or an even higher age.

✓

2. How well are you covered in terms of length of disability?

Most policies base this on whether the disability is due to accidental bodily injury or to illness. Because illness accounts for the greater number of claims by far, the injury provisions are generally for a longer period. A typical policy pays lifetime benefits for disability due to injury and two years if illness is the cause. The trend is to longer benefit periods and a number of companies now offer contracts that provide illness benefits all the way to age 65.

✓

3. What about the definition of total disability?

This is all important. If your policies state that you must be totally disabled from any occupation, this could result in trouble if you found that you must change to a less demanding occupation as the result of injury or disease. The broad form defines this as inability to engage in your own occupation or perhaps in any occupation for which you are fitted because of education, training and experience.

✓

4. How long must you wait before your benefits begin?

The commonly referred to "waiting period" may vary from 0 days to 6 months or even longer. This can be compared to the deductible clause on your automobile policy. If you don't need coverage from the first or 8th day, why pay for it? The premium saved could be applied to higher amounts of indemnity or to longer benefit periods. The savings are very substantial between a waiting period of 0 to 7 days and one of 30 to 90 days.

✓

5. What about house confinement?

The requirement of house confinement was quite common in the past. If your policies require that

SOCIO-ECONOMIC

you be confined indoors to qualify for benefits, you should certainly see if you cannot change these to a newer form. Often this can be done without changing carriers.

✓

6. How much monthly income do you need?

Most companies set a "participation limit" in addition to the amount they are willing to issue on one life. The monthly participation limit is often $1000 or $1200. This means that if you have $1200 monthly disability insurance and you apply to a company with a participation limit of $1000 for an additional $500 you will be declined. You probably would be accepted by another company with a higher limit however if you are otherwise insurable.

In addition, you may not insure more than 75 or 80 per cent of your income. This is understandable when you consider that disability benefits are tax free.

Each person's needs are individual. Add up the monthly expenses and payments that would continue in the event of total disability. This will give you an idea of how much of your after-tax income you should insure.

BAY COUNTY TO PAY FULL FEE

As of June, the Bay County Welfare Board is paying the full fee of the Revised Michigan Uniform Fee Schedule for Governmental Welfare Agencies.

Survey Reports on Income Of Physicians in Groups

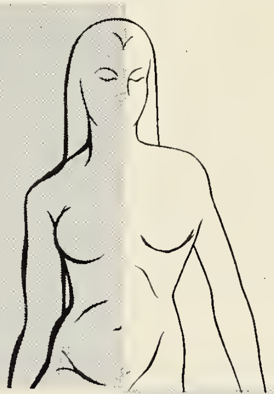
According to a survey by the U. S. Public Health Service, the average (median) annual net income of physicians in group practice was $22,607 in 1959; the net incomes among these physicians ranged from $6,800 to $91,268. Those in the West had the highest average net incomes and those in the Northeast had the lowest.

The average stipend of residents during 1962 was $248 a month in hospitals affiliated with medical schools and $302 a month in non-affiliated hospitals. Many hospitals also provided full or partial room, board, and maintenance allowances.

SKF Foundation Gives $790,000; Much for Education

Smith Kline & French Foundation, a trust established by Smith Kline & French Laboratories, the pharmaceutical firm, gave $790,000 for scientific, educational and charitable purposes last year.

As in previous years, the Foundation's grants mainly were in the areas of medicine and the sciences related to medicine. More than half the Foundation's contributions represented support of educational activities.



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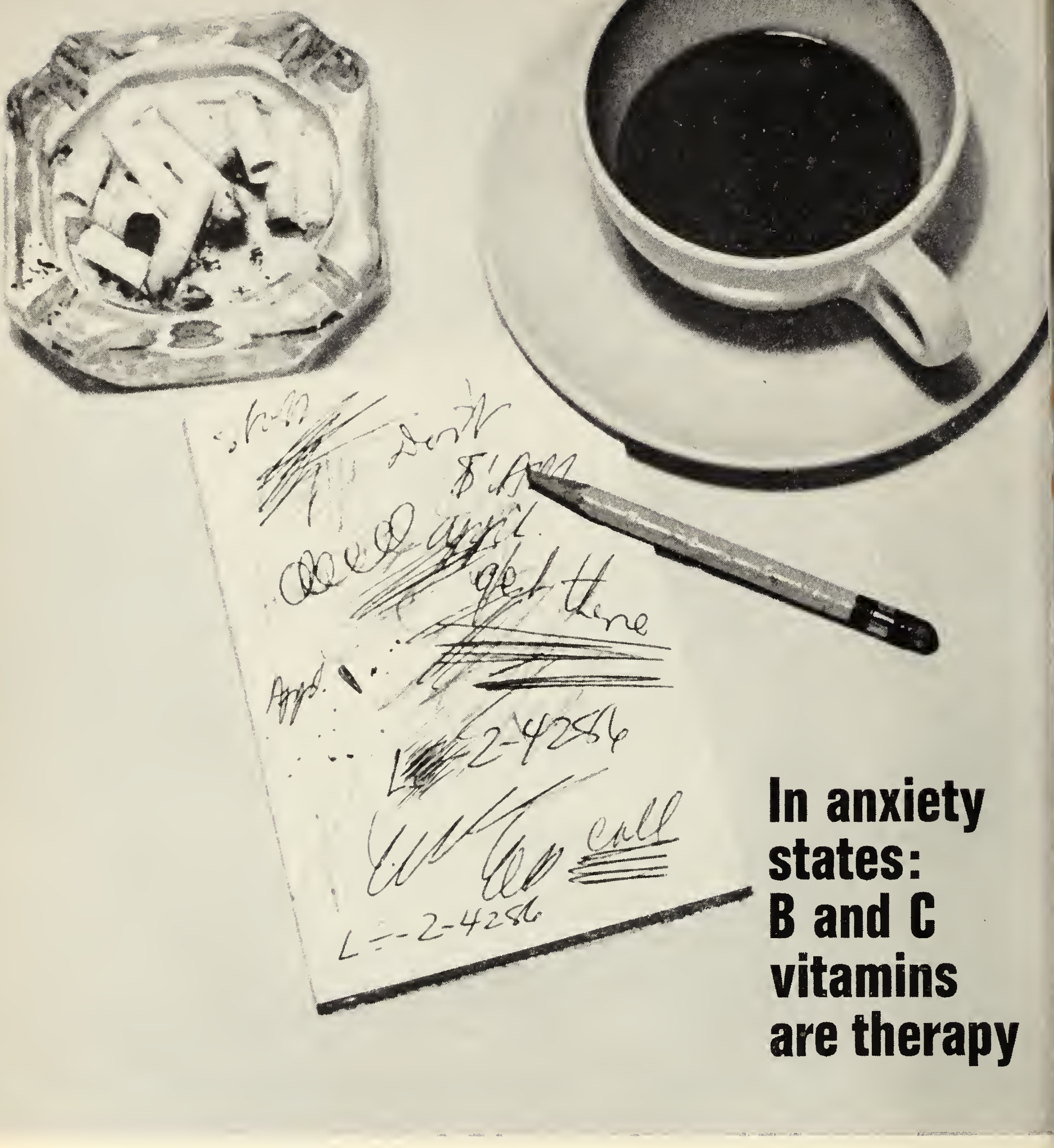

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Niacinamide	100 mg.
Vitamin C (Ascorbic Acid)	300 mg.
Vitamin B_6 (Pyridoxine HCl)	2 mg.
Vitamin B_{12} Crystalline	4 mcgm.
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ANCILLARY SECTION

ist Winning Papers
ɩt Resident-Surgeon Day

The three residents who won awards at the nnual Resident-Surgeons Day and the Michigan hapter of the American College of Surgeons meet- ıg at Ann Arbor were the following:

First Prize, "Experimental Studies in Decompres- on Illness," presented by Myron K. Kenny, M.D., ıonsored by Wayne W. Glas, M.D., Wayne County eneral Hospital, Eloise.

Second Prize, "Some Aspects of Wound Healing ı Germ-Free Animals," presented by John Tipton, I.D., sponsored by Reed Dingman, M.D., St. Jo- ph Mercy Hospital, Ann Arbor.

Third Prize, "The Effects of Intra-Articular In- ction of Collagenase," presented by Jack Kelley, I.D., sponsored by Louis Kivi, M.D., St. Joseph lercy Hospital, Ann Arbor.

A total of 19 papers, representing 10 hospitals, ere given.

Honored guests included J. Englebert Dunphy, I.D., Chairman of the University of Oregon De- artment of Surgery and President of the American ollege of Surgeons; and John Paul North, M.D., xecutive Director of ACS.

listory of MSDA Available

The history of the Michigan State Dental Asso- iation and dentistry in Michigan is now available ı a book entitled "Profile of a Profession." The ook, written by Robert M. Warner, tells the history f Michigan dentistry and the MSDA from their eginning to the present day. Persons interested ıay order it from the Wayne State University Press, etroit 2, Mich. The book costs $7.95.

1964 Art Show Chairman Invites Early Entries

It's easy to enter the 1964 Art Exhibit at the MSMS Annual Session, September 22-25, at the Sheraton-Cadillac Hotel, Detroit.

All that interested members must do is to take their own original art work with them to Detroit for the annual session and register it with the Auxiliary Committee between 9:00 a.m. and noon, September 22.

All work must be completely original and each artist is limited to four entries which must be in one class or any combination of classes. All oil paintings must be framed and equipped with eyelets for hanging. All water colors, drawings and prints may be matted or framed, but prepared for hanging. There will be help available at the hotel, but works must be presented in person.

All usual care will be exercised in handling entries, but we cannot assume liability for accidents in handling, breakage or loss by theft. Insurance, if desired, should be carried by the exhibitor.

The exhibit will open Tuesday, September 22, at 3:00 p.m., with tea from 3:00 p.m. to 4:30.

Awards will be given in four categories:

Class I—Paintings, including oil, encaustic lacquer, polymer, et cetera.

Class II—Paintings including watercolor, casein, tempera, gouache.

Class III—Sculpture, all media.

Class IV—Ceramics.

Class V—Drawings and Graphic Art, including all print techniques.

Class VI—Three-dimensional design; weaving.

Advance registration is not necessary, but would be very helpful to the committee in planning for adequate display space. The following registration form may be placed in an envelope and mailed to the committee chairman.

I would like to enter the following in the Michigan Doctor/Wife 1964 Art Exhibit:

Name______________________________

Address____________________________

It is hoped that all doctors and their wives and friends will be sure to visit the exhibition and enjoy the talented products of Michigan doctors and their wives.

The Auxiliary chairman of the Art Show is Mrs. L. Jerome Fink, 4430 Quarton Rd., Bloomfield Hills.

U-M Medical Center Alums To Confer October 15-16-17

The University of Michigan Medical Center Alumni Society will hold its annual conference October 15, 16 and 17, with reunions for the classes ending in "4" or "9".

Also invited to return are those physicians who completed their postgraduate training at University Hospital in those same years.

The Galens Honorary Medical Society will hold its 50th anniversary reunion the same week end.

Reunioning classes will hold their own scientific programs and social events on Thursday, October 15, and Friday, October 16, will bring a full day of scientific sessions, topped by a banquet and dance. On Saturday, October 17, there will be an alumni picnic on grounds near the Michigan Stadium. The conference will close with attendance at the Michigan-Purdue football game Saturday afternoon.

John M. Sheldon, M.D., and Harry A. Towsley, M.D., will serve as co-chairmen.

The Michigan Foundation for Medical and Health Education, for the first time, has granted scholarships to two Michigan doctors to attend the Rutgers University School for Alcohol this summer. They are Victor M. Azuela, M.D., Battle Creek, and Clinton R. Good, M.D., Grand Rapids.

Three Wayne Students Cited for Research Papers

Three students of the graduating class of 1964 from Wayne State University School of Medicine won the William Beaumont Society prizes for research papers written during their four years as medical students.

Sheldon L. Spector, Detroit, wrote "Chemica Mediators involved in Passive Cutaneous Anaphylaxis in Mice," based on research done in L'hopital Broussais in France on a research fellowship.

Another winner is David E. Gross, Oak Park, who wrote "Studies on Isoenzymes of Creatine Phosphokinase Using Heat, Freezing and Electrophoresis," based on research done during the summer of 1963 under the sponsorship of John R. McDonald, M.D. Professor in the Department of Pathology and Joseph Hess, M.D., assistant professor in the medical school's Department of Medicine.

The third winner is Edward L. Applebaum, Detroit, who wrote about "Vagal Control of Cardiac Dimension." Robert S. Shepard, Ph.D., assistant profesor in the Department of Physiology and Pharmacology, sponsored his research during 1963 under a fellowship.

Wilfrid L. Hufton, M.D., is the medical director of the new Flint Community Planned Parenthood Association birth control center.

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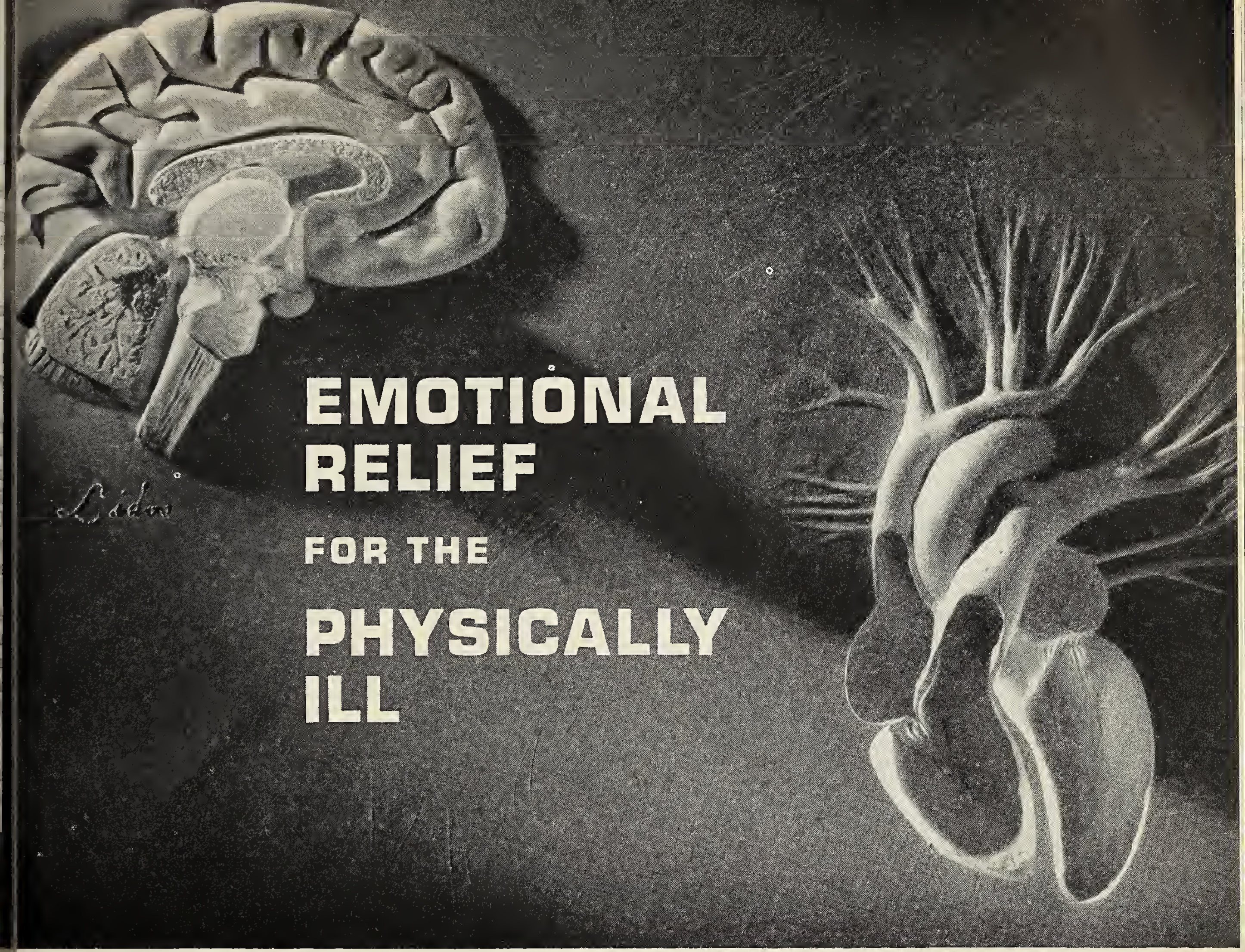

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"Good Health for All," Theme for Pontiac Fair

By ROBERT M. BOOKMYER, M.D., President
Oakland County Medical Society

The evaluation of the "Pontiac Health Fair" has been completed by the Oakland County Medical Society. We find that the project was an appropriate activity for the county society and that it did help tell the public more about good health practices and about medical career opportunities.

The Pontiac Health Fair held May 15-16-17 was sponsored by the Professional Committee for Cooperative Community Service and by the Oakland County Medical Society. The Professional Committee for Cooperative Community Service consists of about nineteen to twenty community groups: the Michigan Heart Association, the Oakland County Pharmaceutical Association, Oakland County Department of Health, the Department of Physical Education and Athletics, Pontiac School System, Michigan Diabetes Association—to name but a few. The theme of the Fair was "Good Health for All."

The Oakland Society had the opportunity to screen all applicants for this Health Fair so that high standards for exhibits could be realized.

The Oakland County Medical Society had 1,056 square feet of exhibits, which included:

Wayne State Medical School—MD Recruitment
University of Michigan Medical School—MD Recruitment
Michigan Kidney Disease Foundation—Artificial Kidney
Michigan Health Council—Baby Emergencies
Michigan Health Council—Careers in Health
Oakland County Medical Society—Glaucoma Detection
Oakland County Medical Society—Anti-Tobacco Poster Display
American Medical Association—Poisoning in the Home
American Medical Association—Health Appraisal of the School Child
American Medical Association—Where Your Medical Dollar Goes

* * *

THE SOCIETY ALSO sponsored a poster contest, in which all the schools in the county participated, with the theme "Smoking and Health." We received approximately two hundred posters, which were exhibited throughout the school and in the exhibit hall. Our medical society gave $100 for first prize, $75 for second prize and $50 for third prize. It was a good public relations program, even apart from the Health Fair that we sponsored.

All the ophthalmologists in Oakland County contributed their time for glaucoma detection and several of the roentgenologists donated the services of their technicians for TB screening.

The county society was pleased with the success of the Fair; but they believe if they ever sponsor a

PUBLIC RELATIONS

similar project, certain situations which arose can be remedied in the future. I think it is important that the place should be centrally located and be available to the populace of the community rather than being at a location that is not convenient.

* * *

WE FEEL STRONGLY that a better date would aid in the success of any program. Perhaps, earlier in the year might be a better date, because school activities were at their height in May.

In the future, it will be essential that the school systems participate. The school child may go through and, if interested enough, may ask the family to return on another day or evening. Any future fair should not only be for several days during the week but also on the week-end, if possible.

Good press is essential. We had a public relations advisor who did an excellent job. But, again, we were up against some competition from the surrounding communities because of activities that they had planned at these dates.

It's important that we have the various civic groups and community health groups participating because without these groups a county medical society would find it very difficult to promote any Health Fair of any magnitude.

* * *

SHALL WE SPONSOR similar Health Fairs in the future? Yes, perhaps, in four or five years. The lessons that we have learned plus the lessons that Grand Rapids learned and the lessons that MSMS Health Fair in 1966 will have experienced can all help to make a fair designed to promote better health a success. In conclusion, I would like to add that it's tough not only to sell good health but also to sell a Health Fair.

Michigan Authors

James C. Moloney, M.D., Orchard Lake, "Sleeping Tiger: Do Not Disturb," *Child and Family Magazine,* January 1964.

C. J. France, M.D., and **Robert Lucas, M.D.**, Detroit, "The Management and Prognosis of Metastatic Neoplasms of the Neck with an Unknown Primary," *The American Journal of Surgery,* November 1963.

C. J. France, M.D., C. Kouchy, M.D., K. Hergt, M.D., and **O. A. Brines, M.D.**, Detroit, "Relationship of Histology of Prognosis in Thyroid Carcinoma," *Archives of Surgery,* April 1963.

W. A. Sodeman, Jr., M.D., and **T. P. Haynie, M.D.**, Ann Arbor, "Hepatic Photoscanning in Hydatid Liver Cysts," *Journal American Medical Association,* April 20, 1964.

Paul Lowinger, M.D., Detroit, "Psychiatrist as a Variable in the Process of Interview and Treatment," *Nature,* March 21, 1964.

Peter A. Martin, M.D., Detroit, "Psychoanalytic Aspects of That Type of Communication Termed 'Small Talk,'" *Journal of the American Psychoanalytic Association,* Vol. XII, No. 2, April 1964.

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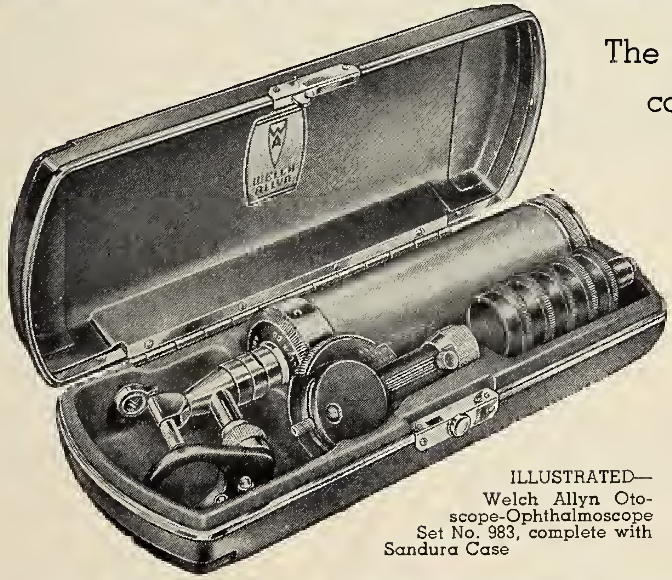

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We are glad to have this opportunity to work with you and I would like to assure you of SK&F's continuing interest not only in the advancement of medicine as a whole, but also in your society's activities.

Sincerely,

Thomas M. Rauch, *Vice President*
Smith Kline & French Laboratories
Philadelphia, Pa.

•

Dear Editor:

As Legislative Chairman during the past session and now as President of the M.N.H.A., I speak for not only myself but for the 543 licensed Nursing Homes and Homes for the Aged in Michigan, which provide more than 20,000 beds for the care of the chronically ill and employ more than 8,000 people in Michigan, in thanking the Michigan State Medical Society for the aid it has given the Michigan Nursing Home Association this year.

House Bill 412, which raised the maximum Old Age Assistance grant from $90.00 to $140.00 for care in a convalescent home was passed this year only with the cooperation of all of us, who are attempting to help those older citizens who really need a helping hand. This will provide the needed increase in Old Age Assistance pensions necessary for these recipients to purchase care in hospitals and convalescent homes. This should relieve the burden of hard pressed county budgets by a total of $35.00 per month per person and should eventually lead to much needed increases in the amounts now being paid for nursing home care throughout the state by county units of government.

It is indeed unfortunate that we were not effective in getting Senate Bill 1206 passed, which would have increased the coverage in licensed nursing homes under Medical Assistance to the aged from 90 days to a proposed 180 days. It is significant that the hard work done on this bill was effective to the extent that the bill passed the state Senate 31-0 and passed the Social Aid and Welfare Committee in the House only to be lost in the Ways and Means Committee because of the midnight deadline on passage of bills, making it impossible for the committee to consider thirty to forty very worth-

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vhile bills which were not reported out strictly beause of a time element.

The unfortunate thing is that the extension of ime in licensed nursing homes, even though it aparently would cost more money initially, could ave a considerable amount, since care is now being rovided in more expensive institutions under MAA nd the state is picking up 40% of this while the ederal government is paying for 50% of this cost.

You will be interested to know that the Michigan ommission on Aging will be organizing a comnittee consisting of the Michigan State Medical ociety, Michigan Nursing Home Association, ichigan Department of Social Welfare, and Michian Department of Health as well as members of he State Commission on Aging, who will be asked o study the problems of making these state formuas more equitable, so that we have a very good hance this next year of further liberalizing Kerr-ills.

The American Nursing Home Association is also vorking very closely with the American Medical ssociation on national legislative programs. We ook forward to working with you in the interest f better care for our patients for many years to ome. Thanks!

Very sincerely yours,
Lloyd R. Johnson, *President*
Michigan Nursing Home Association

une 12, 1964

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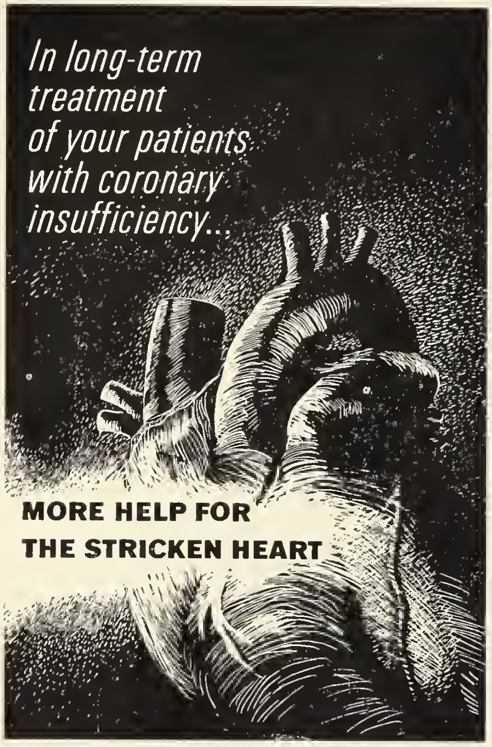
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IN MEMORIAM

FLOYD L. COVERT, M.D.

Floyd L. Covert, M.D., 84, practicing physician in Gaines for 54 years, died June 4, 1964.

A 1906 graduate of the Detroit College of Medicine and Surgery, Doctor Covert practiced in Argentine from 1906 to 1910, before moving to Gaines.

He was a Life Member of the Michigan State Medical Society.

FRANK A. GRAWN, M.D.

Frank A. Grawn, M.D., 93, of Ypsilanti, died May 31, 1964.

A graduate of Rush Medical College, Chicago, in 1896, Doctor Grawn had practiced medicine in northern Minnesota and in Michigan for 46 years. He retired from active practice in 1938 and moved to Ypsilanti in 1947.

He was a Retired Member of the Michigan State Medical Society.

HORACE W. PORTER, M.D.

Horace W. Porter, M.D., 73, Jackson radiologist since 1922 and for many years an officer of the Jackson County Medical Society, died June 16, 1964.

A graduate of the University of Michigan in 1919, Doctor Porter was secretary of the Jackson County Medical Society from 1936 to 1961 and then served as president-elect in 1961-62 and as county society president in 1962-63. He had served for many years as chairman of the Jackson Society Ethics Committee.

He was chairman of the Ethics Committee of the Michigan State Medical Society and a Former Chairman of the MSMS Cancer Control Committee.

He also served for several years as a Delegate from the Jackson County Medical Society to the MSMS House of Delegates.

Doctor Porter was a member of the American College of Radiology, Radiological Society of North America, Detroit Roentgen Ray and Radium Society and Phi Chi medical fraternity. He was a Life Member of the Michigan State Medical Society.

ARTHUR M. SNYDER, M.D.

Arthur M. Snyder, M.D., 51, Ferndale physician, died June 3, 1964.

A graduate of the University of Michigan Medical School, Doctor Snyder had practiced in Ferndale for the past six years. He was a member of the American Academy of General Practice.

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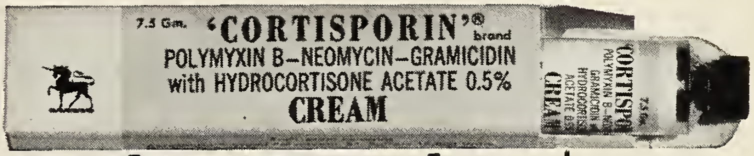
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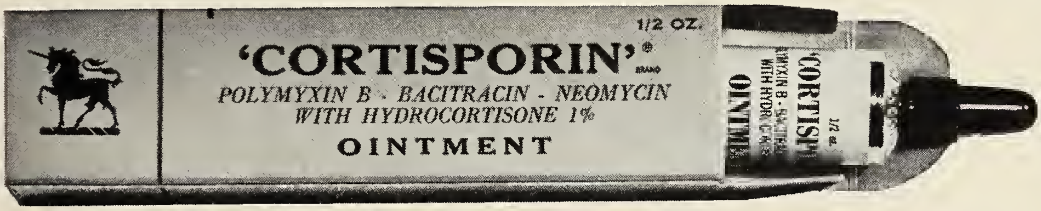
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New Research Center Seeks Improved Foods for Infants

By Robert A. Stewart, Ph.D.
Director, Research Center
Gerber Products Company

The new Gerber Research Center at Fremont marks a definite step toward better health through improved foods for infants. Today, food improvement means more than guaranteeing safety from bacterial spoilage or providing the essential vitamins and minerals. It also means more than eliminating contamination of pesticides and radioactive fall-out.

Today, we are concerned with the technical task of mass feeding, which is an integration of economics, consumer psychology, food technology, nutrition and medical science. Successful mass feeding will require the expert efforts of many persons trained in these disciplines.

The economic aspects of mass feeding calls for products low in price, appealing in appearance and taste, stable throughout their life on the shelf, and convenient for those using them.

Most important, improved foods must meet the nutritional requirements of the masses. These foods may have to be redesigned to meet the demands that new conditions of living place on the human body.

Nutritional knowledge is expanding with new medical knowledge. The classical deficiency diseases are extremely rare; rickets, scurvy, pellegra have become almost unknown to the general practioner. We are faced, however, with medical problems that seem to have some basis in foods. Today, we are faced with nutritional anemia in infancy, obesity in the adolescents and adulthood, cardiovascular disease and hypertension in adults, retarded mental development, and an assortment of allergic reactions.

These are areas of mutual concern and interest to the medical profession, and those responsible for the design and sale of infant foods.

The new Gerber Research Center is dedicated to an integrated effort that reaches into all of these fields and interests.

To keep pace with the demand for more volume at lower costs, Chem Engineers and Food Technologists work hand in hand in the pilot plant on the development of continuous automated production lines which convert produce from the field to the finished product.

In the Test Kitchen, home economists develop tasty new combinations of foods balanced in flavor and dietary essentials. They also check the quality by taste tests with a panel of experts. The organoleptic quality must hold up throughout the process and in the following months of storage under varying shelf conditions.

Another laboratory is devoted entirely to the study of different types of packaging.

Agricultural research plays the important part of bringing top quality produce to the plant.

A series of laboratories are devoted to the study of the biochemical and nutritional properties of infant foods and the effect of processing procedures on these factors. These laboratories have been designed to collect data on components of infant foods of interest to medical researchers. For instance new research has shown that mental development may be closely related to dietary intake, particularly in respect to the quality of the protein which is ingested during the early months of the infant's life The Nutrition laboratory can survey foods for their amino acid content and determine the variation in amino acids which may result from excessive heat processing.

Gerber chemical laboratories are equipped also to provide the necessary data on these mineral components of foods as well as the trace elements of iron, copper, zinc, etc.

Improved baby foods also must take into consideration the problem of allergy which besets the infant population. With the increasing numbers of infants, we find more infants that are sensitive to various components of foods.

In the years ahead, it is obvious that there must be a close cooperation between medical research and the food industry. The new Gerber Research Center indicates Gerber's recognition of this fact and their intent to do something about it.

Among the MSMS leaders who paid tribute recently to W. S. Jones, M.D. *(center)*, of Menominee, were *(left to right)*, Otto O. Beck, M.D., Birmingham, MSMS Past President; W. H. Huron, M.D., Iron Mountain, former MSMS Councilor; D. Bruce Wiley, M.D., Utica, MSMS Secretary, and Orlen J. Johnson, M.D., Bay City, MSMS President. Plaques were presented on behalf of the MSMS Council, and the Menominee and Marinette-Florence County Medical Societies to Doctor Jones, a Past President of MSMS and Chairman of the MSMS Big Look Committee which directed the MSMS Headquarters project. Other MSMS participants on the banquet program, and not shown in this group photo, were Louis F. Hayes, M.D., Gaylord, MSMS Vice Speaker; MSMS Executive Director Hugh W. Brenneman, and MSMS Field Representative M. A. Riley.

Say you saw it in Michigan Medicine

In systole and diastole, the human heart produces a maximum signal of only a few millivolts between two ECG limb electrodes. Mixed in with this tiny signal may be some unwanted electrical "noise", caused by power lines, nearby X-ray or diathermy machines, or even ordinary office equipment. Until now, eliminating this noise from the record usually meant time-consuming adjustments and rerunning records until the complexes were clear.

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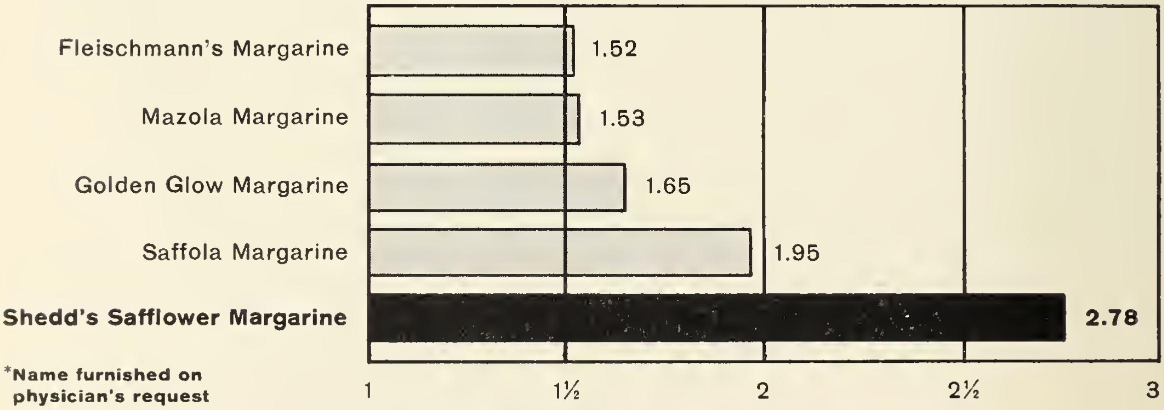

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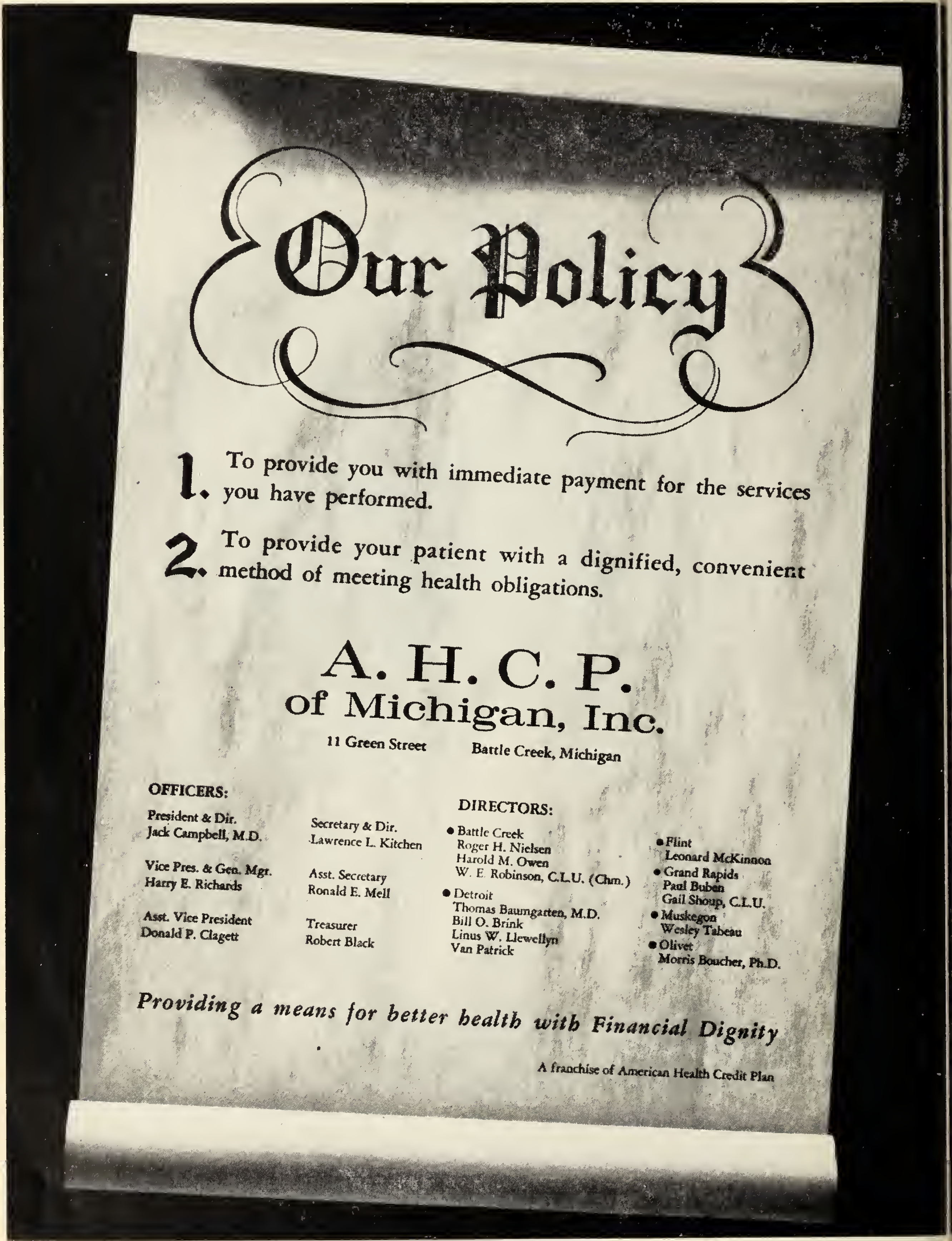

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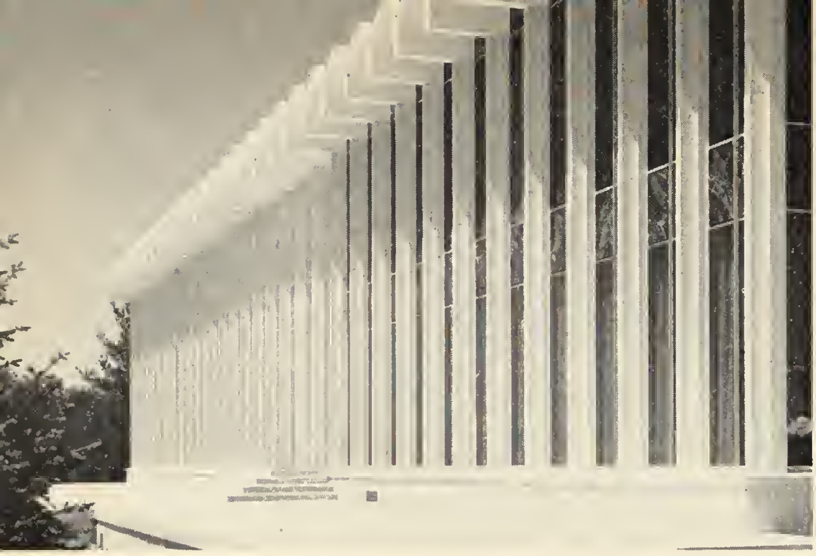

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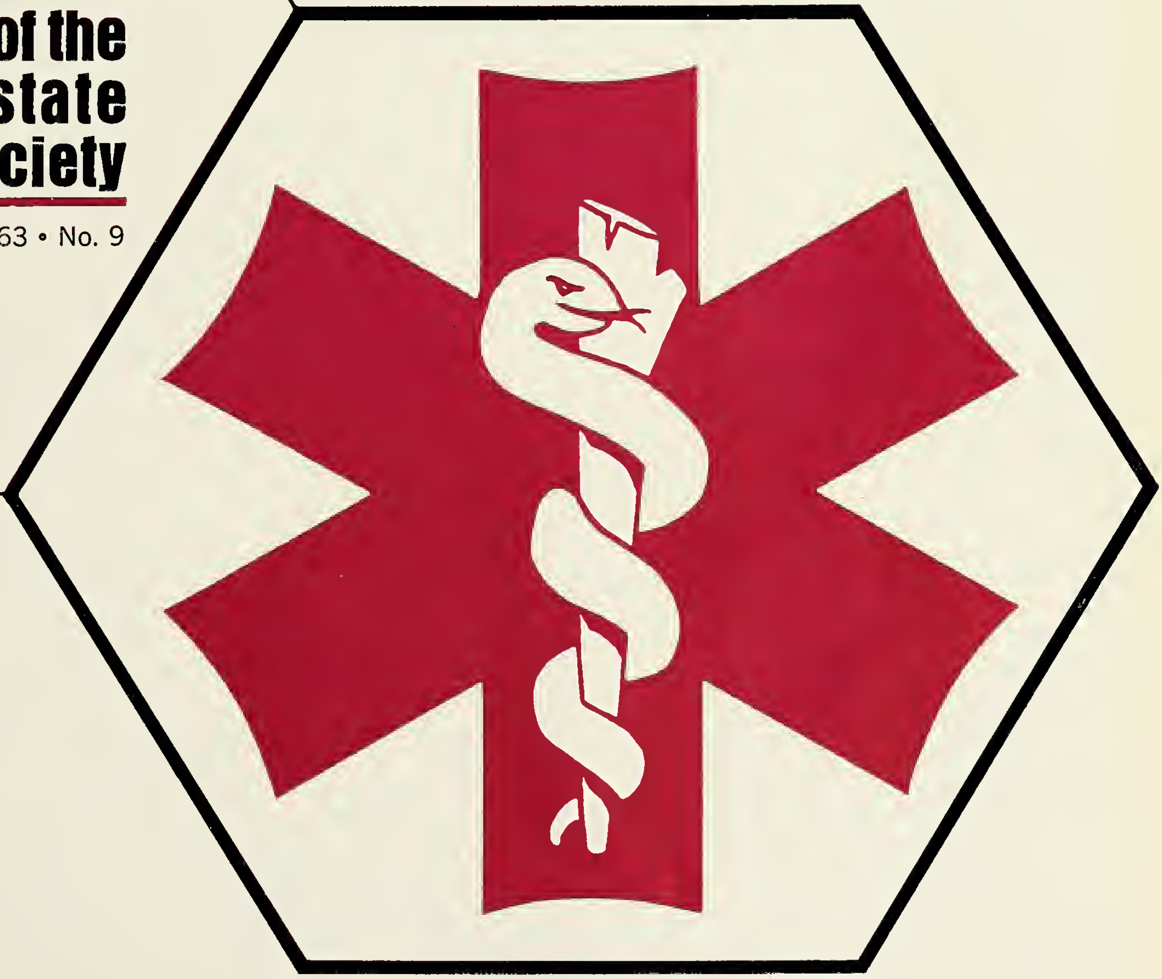

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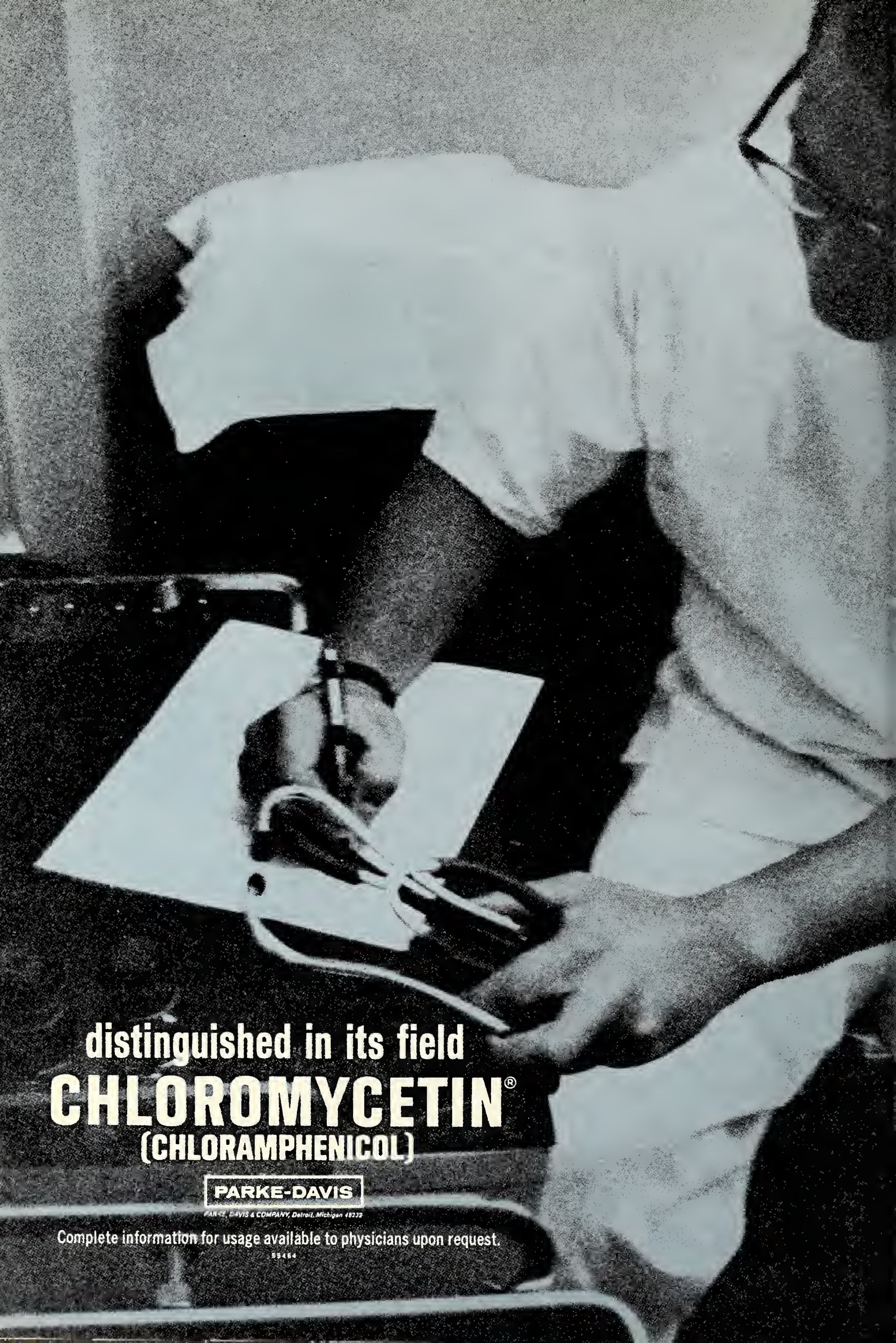
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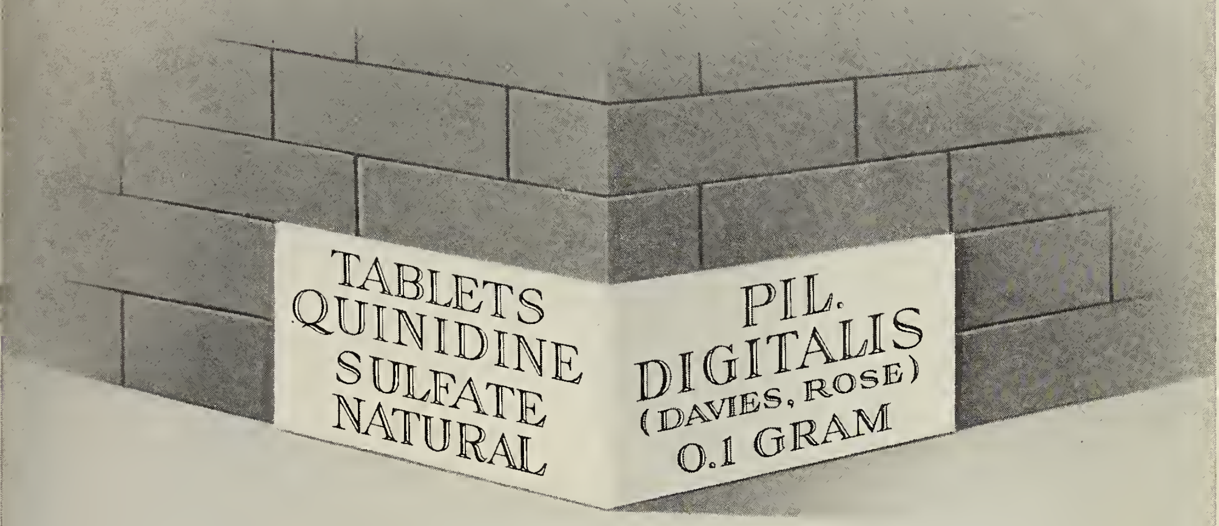

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President's Message

Impressions of the Year

By ORLEN J. JOHNSON, M.D.
MSMS President

In penning my last President's Page the many experiences associations and meetings of the last 23 months are available. Without any desire to continue serious scrivening there are many impressions that seem worth while passing along. But the office and not the individual is paramount.

Strikingly-individual physician activity is the power of organized medical society activity. Most is from genuine interest and desire for the good of the public and the organization; with a few, personal recognition or influence. If the results are beneficial, the motivation is less important.

There is such great need for increased local medical society activity, particularly in taking the initiative in developing programs of student procurement, health education, public relations and many other areas. There are voids because some chairmen and committees do not function.

While increased society activity will help the public and the organization, it seems there can be serious consequences from the trends and unwise extension of medical care insurance. There is unwarranted criticism of increased costs under some current plans. More complete and comprehensive medical care has been requested in the automobile industry bargaining. At this time there is no knowledge as to whether it will be accepted. At present there is in force in this industry, an uncontrollable plan which is encouraging subscriber abuse. Irresponsible leadership is criticizing the medical profession for increasing utilization and costs. They now ask for a plan which, on the surface, would lead to discrediting health plans because of spiraling costs.

Michigan Medical Service sells medical services (physicians' service). There is need of control in the present plan by disease deduction, financial participation by the subscriber or other methods. Let this be done before acceding to a disastrous program—only to compete in the market place. No attempt is being made to control present abuse by the subscriber or to prevent the development of a more dangerous plan. The medical profession should take a hard look at present and future plans purveying their services.

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GENERAL INFORMATION:

MICHIGAN MEDICINE is the official organ of the Michigan State Medical Society, published monthly under the direction of the Publication Committee. A copy is sent to each member of the Society.

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Members are invited to submit to the Journal any suggestions for the welfare of the Society, as well as comments or criticisms of any material in the Journal. All such communications should be directed to the Publication Committee of the Journal. The Publication Committee reserves the right to publish, reject, edit, or abbreviate all communications submitted to it.

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2. Submit original, double-spaced, typewritten copy and one carbon copy on letter size (8½ x 11 inch) paper.
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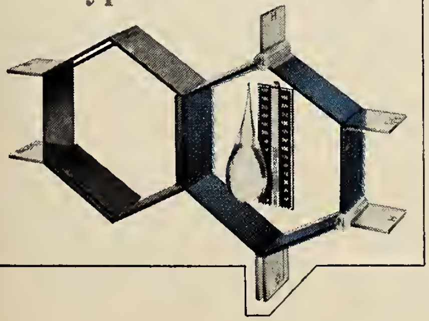

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1. Steigmann, F., and Griffin, R.: Evaluation of Quinethazone, a New Diuretic. J. Amer. Geriat. Soc. 11:945 (Oct.) 1963.

2. Schwartz, M.: Office Evaluation of a New Diuretic in Patients with Hypertensive Diseases. Scientific Exhibit Presented at the Clinical Meeting of the American Medical Association, Los Angeles, California, Nov. 25-28, 1962.

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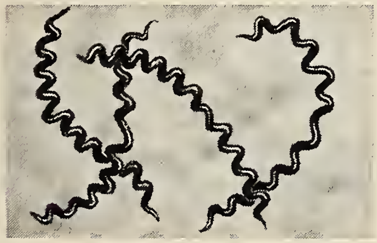

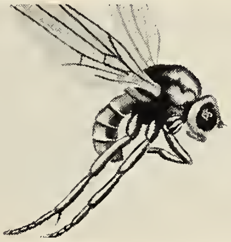

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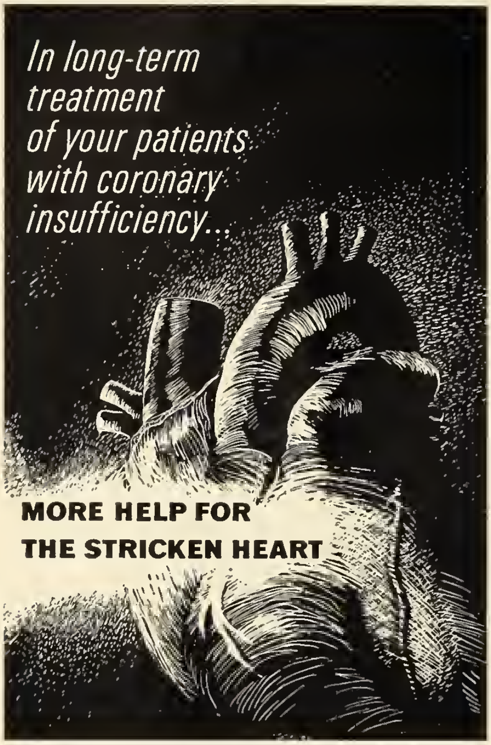
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NEWS BRIEFS

"Through his outstanding achievements in medicine, education and research, **Norman F. Miller, M.D.**, has brought honor to our state, our city and our schools," declared a plaque presented at Iron Mountain July 21 to Doctor Miller, Emeritus Professor, Obstetrics-Gynecology, University of Michigan. The Iron Mountain Rotary Club gave Doctor Miller, who was cited at the meeting also by **W. H. Huron, M.D.**, President-Elect of the Upper Peninsula Medical Society, its first "Native Son Appreciation Award."

In his 20 years of practice at Portland, **Donald Anderson, M.D.**, has permitted and encouraged each of his patients to take his rose shears and "help yourself" to roses from his 500 bushes. Recently, the *Lansing State Journal* carried a feature article about his gardening hobby.

J. L. Leach, M.D., Flint physician for 44 years, has been given the "President's Award of Meharry Medical College," Nashville, for 50 years of service to mankind. The award was made at the 1964 college commencement. In addition to providing medical leadership, Doctor Leach has been active in civic affairs, government, youth welfare and other related fields.

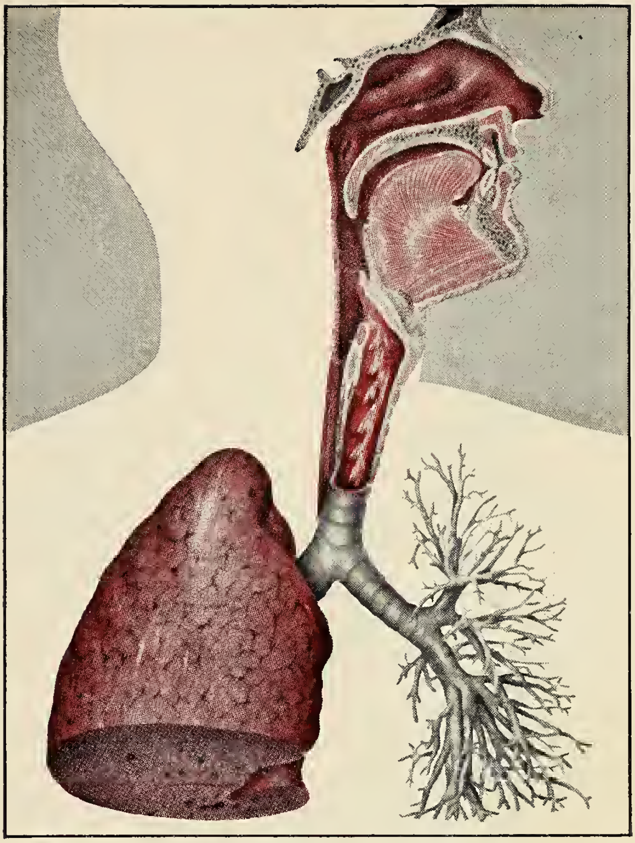
After a community farewell party at Mt. Morris, **A. C. Pfeifer, M.D.**, and his wife moved to Florida. He retired after more than 40 years of service at Mt. Morris in Genesee County.

The new vice medical chairman of the American Cancer Society, Michigan Division, is **Roscoe V. Stuber, M.D.**, Howell. He succeeds **Harold E. Bowman, M.D.**, Grand Rapids.

Serving as Rotary International district governor is **William J. Scully, M.D.**, Marine City. His district comprises 51 clubs in Michigan and Ontario.

One of the major summer community events at Houghton was the tribute paid by 175 to **Simon Levin, M.D.**, who has served 63 years in the Copper Country. Sponsored by the Houghton-Baraga-Keweenaw County Medical Society, the event featured a plaque presentation by **A. J. Janis, M.D.**, Hancock. **Alfred LaBine, M.D.**, Houghton, was emcee.

WHEN CONGESTION MOVES DOWN



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antitussive • antihistaminic decongestant • expectorant

treats the multiple symptoms of the COUGH/COLD syndrome

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CAUTION: Should be used with caution in patients with known idiosyncrasies to phenylephrine hydrochloride and in those with moderate or severe hypertension, hyperthyroidism or advanced arteriosclerosis. In these patients the use should not exceed three days. Hycomine* Syrup is generally well tolerated but in some patients drowsiness, dizziness or nausea may occur.

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Each tablet contains:

Salicylamide	250 mg.
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Arthralgen, a better-tolerated analgesic formulation of time-tested ingredients, works faster to free the arthritic from his pain without salicylate side effects. Since its analgesic components require no chemical conversion to act in the body, Arthralgen's pain relieving benefits are immediately available to provide a smoother, more rapid obtundation of pain than can be achieved with many true salicylates.

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Each tablet contains:

Salicylamide	250
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Prednisone	1

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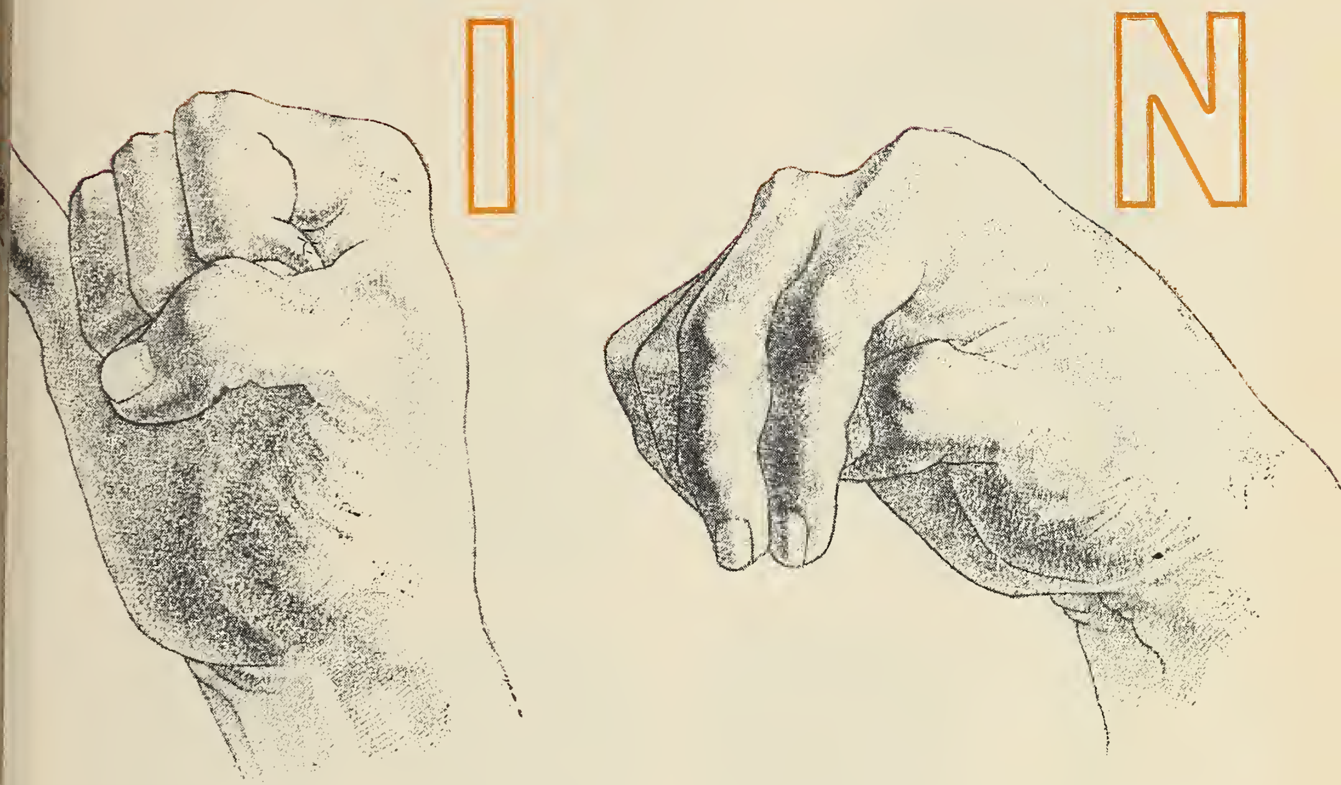

arthritis, rheumatoid spondylitis, osteoar-
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us myalgias.

AGE: One or two tablets four times a day.
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may rarely occur. Symptoms of hypercorticoid-
ictate reduction of dosage of Arthralgen-PR.

CAUTION: Reduction in dosage of Arthral-
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r abrupt.

TRAINDICATIONS: Hypersensitivity to any
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*Cohen, et al: J.A.M.A., 165:225, 1957.

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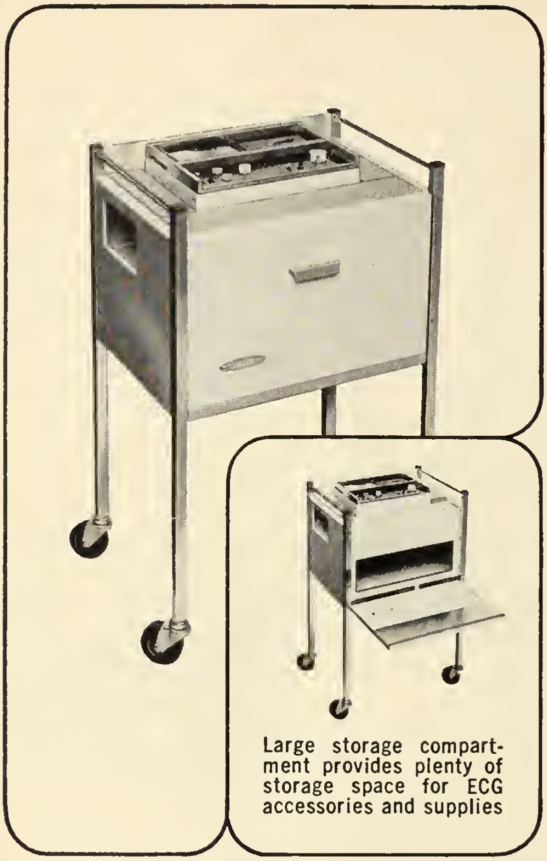

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IN MEMORIAM

FRED L. ARNER, M.D.

Fred L. Arner, MD., 80, Bellevue physician for 27 years, died July 11, 1964.

Doctor Arner was on the staffs of Leila and Community Hospitals in Battle Creek, St. Joseph Hospital, Ann Arbor, and Hayes-Green-Beach Hospital, Charlotte.

A 1911 graduate of the University of Michigan Medical School, he interned at University Hospital in Ann Arbor and practiced in Dexter and Ann Arbor before moving to Bellevue in 1937.

He was a Life Member of the Michigan State Medical Society.

T. H. COOPER, M.D.

T. H. Cooper, MD., 80, Port Huron physician and surgeon for 44 years, died June 22, 1964.

A graduate of the Illinois Medical College in 1908, Doctor Cooper practiced medicine in Portland, Oregon, for two years, before locating to Port Huron.

He was county physician and city health physician from 1912-24 and 1922-24, respectively. He was a Past President of the St. Clair County Medical Society and a Life Member of the Michigan State Medical Society.

LELAND R. KEAGLE, M.D.

Leland R. Keagle, MD., 56, Battle Creek pediatrician, died July 3, 1964.

Doctor Keagle was graduated from Northwestern University Medical School in 1934 and began practice in Battle Creek in 1936. He was Past President of the Calhoun County Medical Society, former chief of pediatrics and vice chief of staff at Battle Creek Community Hospital.

He was an Associate Member of the Michigan State Medical Society.

STARR L. KLINE, M.D.

Starr L. Kline, MD., 75, of Clark Lake, a former Detroit physician, died July 4, 1964.

A 1911 medical school graduate, Doctor Starr practiced in Detroit for 39 years before moving to Clark Lake to begin practice.

He was a Life Member of the Michigan State Medical Society.

JAMES ROBERT ROGIN, M.D.

James Robert Rogin, M.D., 57, prominent Detroit dermatologist, died July 17, 1964.

A 1929 graduate of the University of Michigan Medical School, Doctor Rogin completed his residency in dermatology at Mayo Clinic, Rochester, Minnesota. He had practiced in Detroit for 29

(Continued on Page 626)

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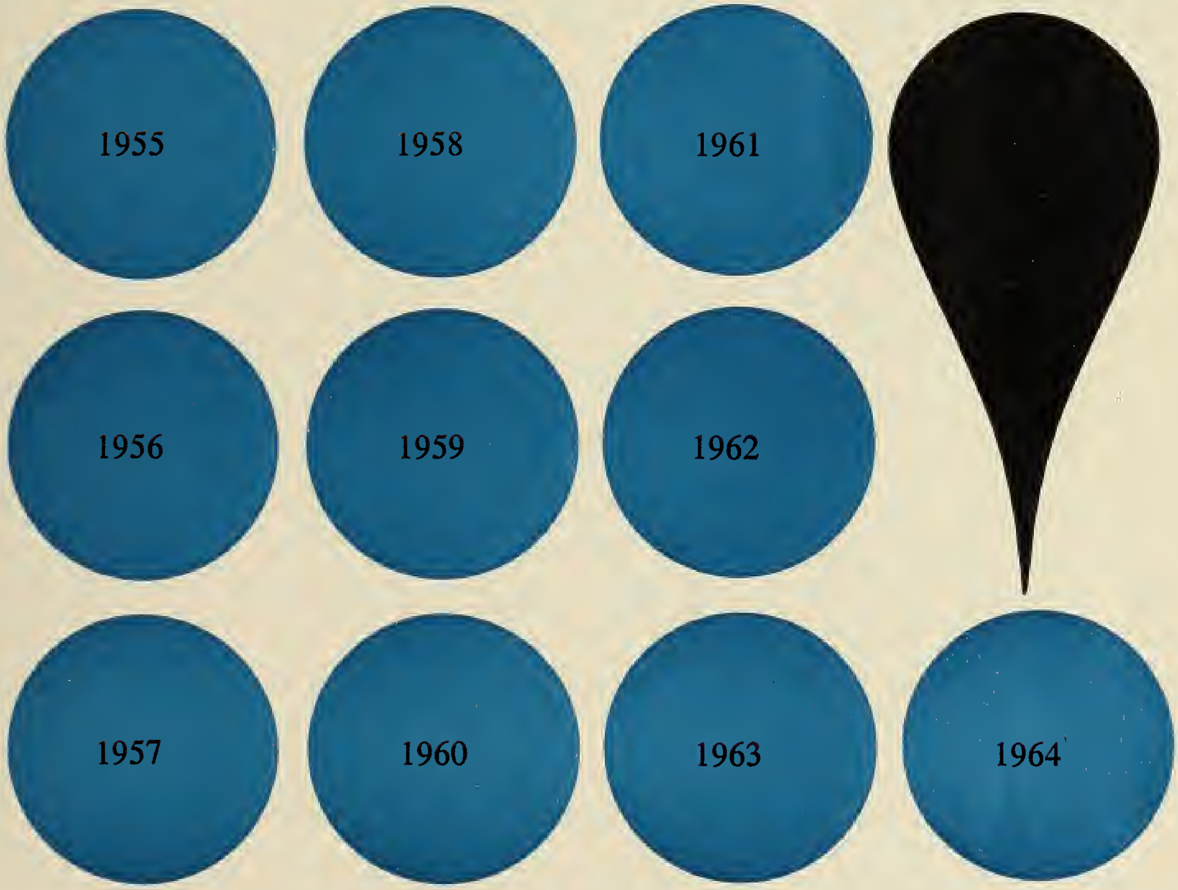
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(Continued from Page 624)

years. He was chief of the department of derm tology at Sinai Hospital and recently was name full professor by the Wayne State University Co lege of Medicine. He was on the staff at Receivin Hospital.

Memberships included Phi Delta Epsilon medica fraternity, Detroit Dermatological Association an the Noah Worcester Medical Society.

IRVING B. SHULAK

Irving B. Shulak, MD., 59, Detroit, chief of th outpatient department of neuropsychiatry at Harpe Hospital, died July 6, 1964.

Doctor Shulak was graduated in 1930 from Rus Medical College and practiced in Detroit thereafte

He was a Fellow of the American Psychiatri Society, and a member of Central Neuropsychiatri Society and Phi Delta Epsilon medical fraternity He was consultant in neurology and psychiatry a Herman Kiefer Hospital.

WILLIAM K. USHER

William K. Usher, MD., 55, Detroit physician an surgeon, died June 27, 1964.

A 1933 graduate of Wayne State University School of Medicine, Doctor Usher had practice in the Detroit area for 31 years.

CALENDAR OF MICHIGAN MEDICAL EVENTS

September 20-25—Michigan State Medical Society House of Delegates and Annual Scientific Session, Sheraton-Cadillac Hotel, Detroit.

September 22-24—Woman's Auxiliary to MSMS Annual Meeting, Pick-Fort Shelby Hotel, Detroit.

September 22—Michigan Medical Service Corporation Annual Meeting, Sheraton-Cadillac Hotel, Detroit.

September 23-24—Michigan State Medical Assistants Society Annual Meeting, Statler-Hilton Hotel, Detroit.

September 22-23—Art Exhibit by Doctors and Wives—Sheraton-Cadillac Hotel, Detroit.

October 15-17—University of Michigan Medical Center Alumni Conference, Ann Arbor.

October 16—Hospital Section of Michigan Library Association, Jack Tar Hotel, Lansing.

October 21-22—Michigan Tuberculosis and Respiratory Disease Association & the Michigan Thoracic Society, Statler-Hilton Hotel, Detroit.

October 18-24—"Michigan Community Health Week."

November 5—South Western Michigan Clinic Day, Battle Creek.

November 11-12—Michigan Academy of General Practice 18th Annual Postgraduate Clinic, Sheraton-Cadillac Hotel, Detroit

November 13-16—National Society for Crippled Children & Adults, Statler-Hilton Hotel, Detroit.

November 14-15—Michigan Allergy Society, Midwest Forum on Allergy, Henry Ford Auditorium, Detroit.

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SCIENTIFIC PAPERS

Overweight Children

BY ALEX. F. ROBERTSON
GEORGE H. LOWREY, M.D.
ANN ARBOR

In 1963, the Pediatrics Department at the University of Michigan Medical Center started the Metabolism Clinic to care for overweight children. Previously, these children were referred for endocrinologic evaluation and then sent back to the family physician. It was usually suggested that the patient be placed on a diet. The children are now followed by the authors to evaluate treatment.

On the first clinic visit, a careful history and physical exam is performed and any necessary laboratory studies are done. If no other severe physical or mental illness is present and if the child and parents seem well motivated, the patient is started on a diet. This diet is carefully explained by the clinic staff which includes a dietitian and is tailored to the individual child's needs. Return visits are scheduled at approximately one month intervals. Our study includes 100 patients; 55 patients seen before the clinic began and 45 new patients seen in our clinic this last year. This article is written to describe our experience with these children and to encourage earlier diagnosis and treatment of obesity.

DIAGNOSIS

Obesity is an abnormal increase in adipose tissue. In our patients, we did not measure adipose tissue directly by skin fold measurements or other means. In all cases, we plotted the height and weight on growth charts derived from the data of Reed and Stuart.[1] All children were more than two standard deviations above the mean weight for their age. The majority of the children were 30 to 50 per cent overweight and obviously obese.

In our diagnostic work-up we use the following classifications:

I. Primary obesity
II. Secondary obesity
  A. Central Nervous System disease
  B. Endocrine disease

Secondary obesity is uncommon, but important to consider in each case in order not to overlook a serious disease.

In experimental animals, appetite and satiety centers have been demonstrated in the hypothalamus. Injury to the satiety center leads to persistence of eating. Presumably, this happens in the development of severe obesity in humans with hypothalamic lesions. This mechanism seems a reasonable explanation of obesity in cases of suprasellar cysts or following encephalitis. The evidence for hypothalamic lesions is less clear in other syndromes, such as the Pickwickian syndrome, Laurence-Moon-Biedl syndrome and Frohlich's syndrome. In cases of suprasellar cysts, the patient often has growth retardation, lack of secondary sexual development and frequently, visual problems and headaches. Post-encephalitic obesity is suggested by the history and residual neurological damage. The extremely rare Pickwickian syndrome is characterized by obesity, somnolence, hypoxemia and carbon dioxide retention. The Laurence-Moon-Biedl syndrome is a complex of growth and mental retardation, lack of secondary sexual development, atypical retinitis pigmentosa, polydactyly, syndactyly and a positive family history. Frohlich's syndrome was originally described in an obese fourteen-year-old boy who had frequent headaches and later at the age of sixteen years had no secondary sexual characteristics and marked visual impairment. This diagnosis has become popular for boys who, at the age of 12 or 13, have not yet begun to develop secondary sexual characteristics and whose folds of adipose tissue obscure the genitalia. The diagnosis of Frohlich's syndrome should be reserved for cases in which there are other signs of

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University of Michigan Medical School, Department of Pediatrics and Communicable Diseases.

ABOUT THIS ARTICLE!

This study reviews the records of 100 overweight children. In none of these was a specific endocrinologic disorder found. The incidence of behavioral problems was similar in children whose weight problem began before the first birthday and in those who became overweight at 5-8 years of age. Treatment results were disappointing and the importance of early recognition and prophylaxis is stressed.

central nervous system damage such as growth retardation, visual field deficits and difficulties with temperature regulation and water balance. In our 100 patients, none of these syndromes occurred. However nine patients had mental retardation. Certainly, there are many instances of abnormal growth in retarded children but there is no definite evidence that there is a cause and effect relationship.

Endocrine disease may lead to obesity. In Cushing's syndrome, there is increased gluconeogenesis and protein breakdown. This is one of the few instances where there may be an increase in adipose tissue without an absolute increase in body weight. During the disease, there is often a slowing or cessation of linear growth. Other signs such as hirsutism, hypertension and striae may occur. If Cushing's syndrome is suspected the level of urinary 17-hydroxy steroids should be determined. Hypothyroidism is not often associated with obesity. None of our series of 100 patients showed signs of hypothyroidism, such as retardation of linear growth and bone age, skin and hair changes, or mental slowing. A protein-bound-iodine (PBI) determination should be checked if hypothyroidism seems likely.

Secondary obesity is quite rare. Several clinical points are important. If normal or slightly accelerated linear growth occurs during the development of obesity, one is less likely to find any central nervous system or endocrine disorder. The distribution of the fat over the body is not very helpful in the differential diagnosis. When secondary obesity is present, there are usually other signs more clearly pointing to central nervous system or endocrine pathology. Therefore, in our patients, when the complete physical exam is normal (except for the obesity) and linear growth has continued during the period of obesity, we classify these children as having primary obesity.

ETIOLOGY OF PRIMARY OBESITY

There is no easy explanation of the etiology of most cases of primary obesity. Its development certainly depends on ingesting more calories than are used. We shall mention a few of the more popular suggestions. Emotional disturbances are commonly seen in obese children. Forty-nine per cent of our patients had such problems, meaning that they were seeing a psychiatrist, in treatment at a child guidance clinic, or had several suggestive signs, such as frequent nightmares, severe nail biting, prolonged bed-wetting, school behavior problems, or persistent temper tantrums. In a few cases, the connection to obesity was obvious; that is, the child would increase his eating in direct response to an emotional upset. In other cases, the behavior seemed aggressive, usually involving a conflict between mother and child. In some cases, it was obvious that the parents brought the children to our clinic primarily for psychiatric help and were little concerned with the obesity. It is interesting to compare the presence of behavioral problems with the age of onset of obesity. Of 23 children whose obesity began at one year of age or under, 13 (56 per cent) had emotional problems at the first visit to our clinic. Of 25 children whose obesity began at 5 to 8 years of age, 10 (40 per cent) had psychiatric problems at the first visit. The occurrence of emotional disturbance is apparently about the same regardless of when the obesity begins. Perhaps the obesity itself contributed to the development of the emotional problem or perhaps the relationship is merely coincidental. Certainly, the relationship in the majority of cases between behavioral disorders and obesity is, as yet, unsettled.

Similarly, the influences of genetics and environment are difficult to distinguish. At present, it is impossible to say if the development of obesity is genetically influenced or merely the result of family eating patterns, depending largely upon cultural background. As in other series we found a very high percentage of obesity in other members of the family, most often in the parents, but frequently in siblings.

Inactivity has been a prominent feature in a few of our patients. In these cases, the caloric intake is excessive because the child is immobile, usually sitting in front of the television set all day. The majority of our patients seemed to have relatively normal activity but this is impossible to evaluate accurately. It is interesting to remember that a given amount of exercise requires more caloric expenditure by an obese person than by a normal one.

Occasionally, the onset of obesity may be associated with other diseases. Among our cases 14 per cent had the onset after a surgical procedure or severe infection requiring prolonged bed rest. The parents remember the operation or illness as a focal point in the child's health and this may explain the apparent relationship. On the other hand, it may be a valid relationship and caused by prolonged inactivity following the procedure.

Everyone has noticed their aesthenic friend who eats (apparently) enormous quantities of food without gaining weight, while his wife or brother gains weight whenever a 1400 calorie diet is exceeded. Such observations lead all of us to wonder if individuals have varying "caloric efficiencies". Many of these instances are, doubtless, due to people not accurately knowing how many calories they ingest in a day and the poorly remembered snacks we all have. Others are explained by great differences in activity which are difficult to quantitate. Perhaps it is best simply to point out that all chemical reactions in the body are eventually expressed as heat and work.[2] On the basis of oxygen consumption, obese children show no evidence of any metabolic abnormality.[3] Perhaps studies carried out over longer periods of time and with more accurate techniques might show small differences not now appreciated. At present, there is no evidence to support the concept of increased "caloric efficiency" in obese patients.

TREATMENT OF OBESITY

Since February, 1963, 45 children have been seen in the clinic, their ages ranging from 4 years to 16 years. Of these, nine mentally retarded and 12 others were given no return visit due to severe psychiatric problems or lack of motivation. Twenty-four children were started on diets ranging from 900 to 1400 calories per day. Of these, 16 children have failed to return for follow up, usually after two or three visits. Five patients are being followed and are progressing well. Three patients have been discharged at a normal weight after 6 to 11 months of treatment. All but two patients lost weight on their diet in the first month of treatment. These results are not encouraging and even those few successful patients may fail to maintain a normal weight. Perhaps an explanation for the results is the length of time these children have been overweight. The majority of our patients had been overweight for 2 to 9 years before seeking or receiving medical advice. It is even more discouraging to realize that at least 44 per cent of our patients had been obese for over one-half their lives when they came to the clinic. If the problem hinges on the development of excessive eating habits, this presents a formidable period of habituation to overcome. We believe that earlier recognition and treatment is essential for better results. At least 24 (26 per cent) of our patients became overweight between 2 and 5 years of age. Pre-school children are ideal to treat since their parents still have fairly complete control over their eating. From 5 years of age until adolescence, children are fairly independent and not usually motivated to lose weight. In adolescence, the child is better motivated, but, characteristically, objects to authority. Also, by then, the eating habits are well established and hard to change. Typically healthy babies are fat at a year of age, but between 1½ and 3 years become slimmer. Unfortunately, there are no figures to tell how many overweight one-year olds will be overweight at four years of age. We do know that many children who are overweight at seven years of age will be overweight at the onset of puberty,[4] and more than 50 per cent of overweight adolescents will be so in adult life.[5] Since we know the effect of obesity on cardiovascular disease in adults we cannot, therefore, say that being overweight at seven years of age is benign. Also the emotional situation of a child who is obese upon entering school must be considered. Taking all these factors into account, we feel it is important to pay careful attention to the weight of pre-school children. At present, we would suggest that any child who is beyond the 97th percentile (or two standard deviations) in weight at two years of age be considered for treatment, unless his length is correspondingly increased. This is especially important if the parents or siblings are overweight. The prognosis of obesity in early childhood is related to the presence of obesity in the parents.[6] Therefore in children with obese parents prophylaxis is needed early. Also any child over two years of age who persistently gains weight in excess of his linear growth should be followed carefully and diet considered. With increased recognition of this problem and institution of therapy results should improve and more could be learned about this important nutritional problem.

SUMMARY

One hundred cases of obesity in children have been reviewed. The remarkable fact is that 45 per cent of these children were overweight before 6 years of age. The family incidence of obesity was high, especially in the parents. The majority of our patients were overweight for 2 to 9 years before seeking medical aid. The results of dietary treatment were poor in this group, probably due to the long habituation to overeating. Early diagnosis and treatment of overweight pre-school children is needed to avoid the chronic obesity seen in older children.

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Various methods of treatment of Ascites due to portal hypertension are briefly discussed. The rationale for performing a bilateral total adrenalectomy is outlined and a case is presented in whom this method was successful in eliminating ascites otherwise intractable.

The Role of Adrenalectomy In the Management Of Intractable Ascites

BY CLAUS P. PETERMANN, M.D.
C. JACKSON FRANCE, M.D.
RALPH R. COOPER, M.D.
DETROIT

Experimental and clinical studies in recent years have emphasized the role of the adrenal gland in the development of intractable ascites. The identification of aldosterone as the responsible agent for the marked sodium retention in this condition has led to an attack of this aspect of the problem by both medical and surgical approaches. The purpose of this article is to review recent advances in the understanding of this problem and to present an illustrative case report.

Current Concepts of the Pathogenesis of Ascites[1]

1. Portal hypertension causes weeping of the intestinal surfaces.
2. Increased pressure within the lymphatics of the liver causes weeping of the liver.
3. Decreased protein formation by the diseased liver causes lowered oncotic pressure with subsequent transudation of fluid into the abdominal cavity.
4. Increased activity of aldosterone causes retention of sodium. This was particularly investigated over the last ten years.

In 1951, Bongiovanni and Eisenmenger[2] were able to show that a high titer of "corticoid" substance was present in the urine of patients with chronic liver disease and at the same time they found a decreased amount of sodium in sweat and saliva. This pointed to a general mechanism of sodium retention.

In 1954, Leutscher and Johnson[3] observed significant sodium retaining activity in the urines of edematous patients with cardiac failure and hepatic cirrhosis.

In 1955, Lobotsky, et al[4] found that the serum of cirrhotic patients contained 25 times as much aldosterone activity as that of normal individuals. The increased amount of aldosterone can be explained by either failure of the diseased liver to inactivate aldosterone or by higher secretion of aldosterone by the adrenal glands.

Giuseffii[5] and Marson[6] found the adrenal glands to be normal microscopically in patients who had adrenalectomy in the treatment of ascites and these patients later were maintained on surprisingly low dosages of steroids. These points support the assumption that the diseased liver fails to inactivate aldosterone and consequently a higher amount of circulating aldosterone is present.

According to Truniger,[7] the sequence of events leading to the increased aldosterone level could be the following increase in hepatic venous pressure is followed by a shift of sodium and water from the intravascular compartment into the peritoneal cavity with resultant hypovolemia. This serves as a stimulus for the adrenal cortex to secrete further aldosterone. The aldosterone, however, is not inactivated by the liver giving rise to further sodium and water retention, thus completing a vicious circle.

The experimental work for doing adrenalectomy to relieve ascites was done in 1950 by Baronofsky.[8] He produced ascites in dogs by the use of tricuspid insufficiency. Subtotal adrenalectomy relieved the ascites to a significant degree.

Similar studies were done by Davis, et al[9] in 1953. He created ascites in dogs by constriction of the vena cava above the diaphragm, then he relieved the ascites by a total adrenalectomy.

Sprafka, et al[10] in 1954 produced ascites in dogs by means of a pulmonary infundibular stenosis and tricuspid insufficiency. Development of ascites was prevented in most of these dogs by a subtotal adrenalectomy.

Hamilton[11] in 1954 used an artificial mitral stenosis in dogs to produce sodium retention and ascites. This condition was relieved in two dogs by a total adrenalectomy.

The clinical application of these experimental studies was first done by Marson[6] in 1954 in a 52-year-old male patient with ascites due to cirrhosis. His condition was greatly relieved by a bilateral total adrenalectomy. Urinary sodium excretion increased and ascites diminished. The patient had to be maintained on Cortisone 12.5 mg.-25 mg. per day in order to prevent symptoms of adrenal insufficiency. This cortisone dosage, however, was still high enough to cause slight recollection of ascitic fluid.

Giuseffi, et al[5] in 1957 described one case of a 28-year-old man with post-necrotic cirrhosis and ascites. Bilateral adrenalectomy was followed by considerable improvement. The patient was maintained on Hydrocortisone 25 mg. per day.

Baronofsky, et al[1] in 1960 treated two patients with this method, both with excellent results. A 50-year-old male with Laennec's cirrhosis and ascites underwent total adrenalectomy in 1956. No recurrence of ascites occurred over a follow-up period of two and a half years. A 36-year-old female alcoholic with cirrhosis and ascites had a total adrenalectomy in 1956. She did well for two years (maintained on Corticosone 25 mg. daily) but then resumed drinking heavily and died in hepatic coma.

OUR CASE REPORT

A 52-year-old Caucasian man was first seen in May, 1960, at which time a diagnosis of cirrhosis with wasting ascites was made. He was treated with a low sodium diet and diuretics without relief. In October, 1960, an exploratory laparotomy was done for possible porto-caval shunt revealing a pressure of 360 mm. water in the portal system. Cavernous transformation of the portal vein was encountered making porto-caval shunt impossible. A liver biopsy showed changes of active hepatitis and post-necrotic cirrhosis. Seven liters of ascitic fluid were removed during the operation. The post-operative course was uneventful, but ascites recurred within five days after the operation. His liver function remained impaired with 33 per cent BSP retention in 45 minutes, Bilirubin 1.5 mg. per cent and slightly elevated Prothrombin time of 16 seconds. Total proteins were 6.6 gm. per cent with an albumin of 3.9 gm. per cent.

After his discharge from the hospital in October, 1960, the patient resumed the medical regimen as an out-patient, but the ascites continued to be a very difficult problem producing bilateral inguinal herniae due to weakening of the abdominal wall. The hernias were repaired in April, 1961, and 22 liters of ascitic fluid were removed at surgery. Subsequently, the medical regimen was continued on an out-patient basis, but the patient rapidly recollected his ascites and gained 25 pounds within one week. On readmission in May, 1961, paracentesis yielded seven liters of fluid. The patient was treated with a 200 mg. sodium diet, Naturetin-K 5 mg. daily, and Thiomerin 2 cc. I.M. and aldactone 400 mg. daily. During a three-week period of observation on this regime, the patient gained ½ pound per day instead of gaining 3 to 4 pounds per day on an out-patient basis. This was interpreted to be a fair response to aldactone, and bilateral adrenalectomy was con-

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sidered to eliminate aldosterone and solve the problem of ascites.

The adrenalectomy was then undertaken in two stages with an interval of six days between the two operations. The patient was maintained on 200 mg. of hydrocortisone (I.M.) daily for ten days starting one day prior to the first operation until three days after the second operation. Both operations were well tolerated. Oral cortisone acetate was then substituted, the patient being maintained since on 25 mg. daily.

The urinary output after the operation was high, averaging 2800 cc/24 hours. The highest output occurred on the 9th day with 4000 cc/24 hr. A paracentesis was performed on the 7th post-operative day yielding 12 liters of ascitic fluid. Thereafter no recollection of ascites occurred. Discharged from the hospital in July 1961, the patient has had progressive improvement in general health, appetite, stamina and feeling of well being. He returned to full employment in September 1961. There has been no further evidence of ascites in the post-operative period.

SUMMARY

A brief review of the role of the adrenal gland in cirrhotic ascites has been presented. A case of complete control of intractable ascites by total adrenalectomy has been reported.

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The Term Now Is "Aging"

The AMA Committe on Aging has recommended that all segments of the medical profession, including the AMA and constituent and component societies, be urged to cease using the term "the aged" in reference to this country's older population.

In a special report, the Committee emphasized that this term, as it is frequently used to denote all persons over 65, carries undesirable and fallacious connotations. Citing Webster's Unabridged Dictionary, the Committee noted that the popularly accepted definition of "aged" was as follows:

> "Old applies to one who is far advanced in years as a 'man old, wrinkled, faded, withered'."
>
> "Aged implies extreme old age as the 'aged creature came shuffling along'."

"The implication in this term," continued the Committee's report, "is that one has reached the end point in life—that physical, social and intellectual growth is over. This implication obviously does not apply to the majority of persons over 65 today."

The Committee feels that designating the total over-65 group as "the aged" inadvertently tends to reinforce the negative image of this age period held by some segments of society and by many older individuals themselves. It has urged that the term "the aging" be used in all statements by the medical profession regarding older persons. This indicates that change and growth are still taking place.

BY JACK F. SANDERS, M.D., ALMA

A Clinical Evaluation Of Polythiazide

A fifteen-month study of Polythiazide in 135 aged domicilary patients. This study demonstrates that polythiazide (Renese) is an excellent diuretic-antihypertensive for long term use in aged patients.

The control of extracellular edema fluid (dropsy) has been a problem from the earliest days of recorded medicine. As late as the 1930's and even into the early 1940's, restriction of water intake was one of the common methods employed to reduce edema.

The acid-forming salts, particularly ammonium chloride, came into common usage during this same period. Theophylline derivatives have been used for over three decades. Mercurial diuretics were introduced in the early 1940's and occupied a prominent role in the control of extracellular fluid until the mid-1950's, and they are still used extensively; with the exception of Chlormerodrin (Neohydrin) they must be administered parenterally. The carbonic anhydrase inhibitor acetazoleamide (Diamox) was introduced in 1953; it is relatively low in sustained natriuretic action. The cation exchange resins were enthusiastically received in the mid-1950's, but they are little used now.

Since 1957 when chlorothiazide (Diuril) was introduced, we have been deluged with new and refined and more specific agents, among them, hydrochlorothiazide (Hydrodiuril, Oretic, Esidrix), methyclothiazide (Enduron), trichlormethiazide (Naqua), benzthiazide (NaClex), bendroflumethiazide (Naturetin), hydroflumethiazide (Saluron, Di-Ademol), flumethiazide (Ademol), chlorthalidone (Hygroton), and a host of combinations of drugs.

All of the thiazides are closely related and share a benzothiadiazine nucleus; chlorthalidone has a phthalimidine nucleus. A serendipitous bonus from most of these recent oral diuretics has been their anti-hypertensive effect; in fact, they are being used almost as extensively for this ability to lower blood pressure as for the control of extracellular fluid.

In our residents at the Michigan Masonic Home and Hospital at the start of this study, 136 of 280 residents required the use of a medication for the control of extracellular fluid and/or blood pressure control because of symptoms referrable to one or the other. Many agents had been employed during the previous decade. However, for one year prior to the start of this study, almost all of the patients requiring a diuretic had been maintained on chlorthalidone and a few on chlorothiazide.

The *ideal* diuretic-antihypertensive medication for any population, but more especially for a geriatric population, should have the following characteristics:

I. *Safety*
   No inherent toxicity nor idiosyncratic responses.

II. *Effectiveness*
   (a) Ability to promote mobilization and excretion of extracellular fluid and to maintain freedom from edema, and
   (b) Ability to lower and maintain lower levels of blood pressure, particularly diastolic.

III. *Freedom from Side Effects, Subjective or Objective*
   (a) Saluresis without electrolyte disturbance.
   (b) Blood pressure control without hypotension or bounce.
   (c) Smooth, gentle, sustained action. (To avoid subjective discomfort and dysuria, and to avoid precipitating stress incontinence in females and acute urinary re-

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tention from associated prostatism in males.)

(d) No effect on other enzyme systems, such as glucose metabolism or uric acid.

IV. *Ease of Administration*

(a) Oral administration preferable.

(b) Intermittent administration rather than daily. In an institution this size where medications are all nurse administered, a drug that is given three times weekly rather than daily affects a saving of 8-20 hours of nurse's time per week, as well as having much better patient acceptance, particularly in patients who are on several medications for chronic conditions.

This study was undertaken to determine to what degree polythiazide (Renesc) measured up to these criteria for an ideal diuretic-antihypertensive.

METHOD

Out of a total population of 280, 135 domicilary residents of the Michigan Masonic Home and Hospital were studied for 15 months. Their ages ranged from 70 to 89, with a mean age of 83. The "captive population" pattern of living made it feasible and easy to observe each patient several times weekly. All of the patients had multiple chronic disease diagnoses. Forty were diabetics being controlled on tolbutamide. Almost all had mixed-type arthritis, degenerative predominating. Eight were known hyperuricemics with clinical gout intermittently.

All of them were suffering from cardio-vascular-renal disease manifested by hypertension and/or congestive heart failure with peripheral edema and pulmonary congestion. All were receiving digitalis (Digitoxin 0.1 mg. four to seven days per week.) All of the patients ate at special diet tables and were on a 1.0 Gm. salt diet throughout the study. Because of the homogeneity of the participant group and the living pattern, routines were stable with respect to activity, bed-time, meal-time, regularity of eating, type of diet, and consistency of medications. All medications were nurse administered.

All of the patients had complete physical examinations just prior to the start of the study, and laboratory studies including blood counts, urinalyses, BUN's, blood sugars and electrocardiograms. Laboratory studies were repeated at the end of each phase of the study, every six to nine weeks, and at the termination of the study. Patients were checked biweekly, or oftener if clinically indicated, for blood pressure, weight, clinical edema, rales, or subjective symptoms.

Blood pressures were obtained by nurse personnel two hours after breakfast after 15 minutes rest and were rechecked until they were stable. Blood pressures taken by the writer were consistently 10 to 15 mm. higher than the basal pressures obtained by the nurse personnel. All pressures were taken sitting; many of the patients could not stand long enough for accurate blood pressure readings.

Previous Treatment.—All of the participants had been maintained on chlorthalidone or chlorothiazide and had remained stable for at least three months with respect to blood pressure, weight, clinical edema, pulmonary rales, and subjective symptoms. The usual dose of chlorthalidone was 50 mg. Monday, Wednesday, and Friday mornings, and chlorothiazide 500 mg. on the same schedule.

Study Method.—One half of the patients were placed on 2.0 mg. of polythiazide Monday, Wednesday, and Friday mornings; and the other half were placed on chlorthalidone 50 mg. Monday, Wednesday, and Friday mornings. At the end of nine weeks, both groups were taken off medication and placed on a placebo on the same schedule for two weeks. After the placebo period, the two groups were cross switched; those receiving polythiazide before the placebo period were placed on chlorthalidone 50 mg. Monday, Wednesday, and Friday mornings, and those who had been on chlorthalidone before the placebo period were placed on polythiazide 2.0 mg. on the same schedule. These two groups were continued for nine more weeks for the third phase. At the end of the cross-switch period of nine weeks, all the participants were maintained on polythiazide for nine months, the duration of the study period.

All other medications were continued throughout all the phases of the study period of fifteen months. These included particularly digitalis (Digitoxin) and salicylates, and tolbutamide in the 40 diabetics.

Thirteen patients died during the study period, six of cerebrovascular accidents, five of chronic congestive heart failure, two of prostatism and renal failure.

RESULTS

During the first nine weeks of the study, when one half of the patients were on polythiazide 2.0 mg. three times weekly and one half were on chlorthalidone 50 mg. three times weekly, the group on polythiazide lost and maintained the loss of an average of four pounds body weight from their control level. The polythiazide group that were hypertensive reduced their blood pressures an average of 10 mm. systolic and 5 mm. diastolic (170/95 average to 160/90 average) compared to the control period; the normotensives were unaffected. The chlorthalidone group remained stable as they had in the three months control period.

During the placebo period of two weeks, both groups went rapidly out of control. The polythiazide group gained an average of eight pounds and the chlorthalidone group an average of six pounds. One third complained of dyspnea and malaise. Almost all developed two plus or more pretibial pitting edema. One half developed wet rales at the lung bases. This phase was terminated quickly, because it was obvious that many of the patients were approaching severe clinical difficulty.

With reinstitution of diuretic therapy after the placebo period, the polythiazide and chlorthalidone groups were cross-switched. Medication was restarted on the same three times weekly schedule. At the end of two weeks, the group now on polythiazide had lowered their blood pressures to the same levels as the polythiazide group during phase I, and the now chlorthalidone group lowered their blood pressures to the pre-study control level. The now polythiazide group lost and maintained the loss of an average of eight pounds, and the chlorthalidone group an average of six pounds. Edema and rales cleared promptly over the two week period with no severe clinical embarrassments due to the fluid retention of the placebo period. Clinically and subjectively the responses to polythiazide at this phase were the same as for chlorthalidone. Weight loss and blood pressure lowering were definitely greater with polythiazide.

Laboratory studies remained stable throughout the study period of 15 months. Sixty per cent of the patients had moderately elevated BUN's in the 22 to 38 range. There was no discernible trend in BUN's in any of the phases of the study period. Blood counts remained stable.

One fourth of the patients showed persistent albuminuria throughout the study with no discernible trend evident. There were no cases of acute urinary retention nor exacerbations of stress incontinence with either polythiazide or chlorthalidone. There were no instances of skin rash or other toxicity or intolerance to either drug. There were twelve instances of acute clinical gout with elevated uric acids during the study period, six of them immediately after the placebo period and the rest scattered during the last nine months. Eight of the instances were in the eight known hyperuricemics. They all responded quickly to oral salicylate-colchicine.

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There were no clinical suggestions of hypokalemia with either drug, nor during the nine month maintenance period on polythiazide. The diabetics maintained their usual control, except during the placebo period, when all of them showed blood glucose rises, varying between 15 and 60 mg. per cent. All of the diabetics regained their previous control with no change in their diabetic program with reinstitution of diuretic.

During the nine months maintenance period on polythiazide, one sixth of the patients required either occasional supplemental increase of polythiazide dose or continued increase to 4.0 mg. on a three times weekly schedule to maintain the same clinical status. At the termination of the study, 16 per cent were requiring 4.0 mg. three times weekly for optimal maintenance.

DISCUSSION

Polythiazide in doses of 2.0 mg. three times weekly effected a further diuresis of an average of 4 pounds over the baseline level obtained by 50 mg. of chlorthalidone or chlorthiazide 500 mg. three times weekly. It also effected a lowering of both systolic and diastolic blood pressure in the hypertensives, an average of 10 mm. systolic and 5 mm. diastolic.

These observations were confirmed when the groups were cross-switched. The baseline levels had been considered to be good and adequate control prior to the study. It would appear that polythiazide in doses of 2.0 mg. three times weekly is a little more effective than 50 mg. of chlorthalidone three times weekly, as measured by fluid retention loss and blood pressure values. While the participants were considered to be at "dry weight" during the control period, it would appear that they were not and that polythiazide established a lower "dry weight" value.

Both drugs were free of overt evidences of toxicity, idiosyncrasy or intolerance during this study. However, at no time were doses of polythiazide in excess of 4.0 mg. three times weekly employed.

The twelve cases of clinical gout suggest that there is a causal relationship between polythiazide and clinical gout. Unfortunately, serum uric acids were not done routinely on all participants. However, during the same time period as the study, there were 10 cases of clinical gout in the remaining 140 residents at this facility not part of the study group, five of whom were known to have hyperuricemia with clinical gout. The fact that six of the cases of gout occurred in relation to a diuresing period after fluid retention, raises the question as to whether there is a relationship between diuresis and the precipitation of clinical gout.

In a controlled group like this one, there is little likelihood of inducing hypokalemia with this dosage of polythiazide over a long period. The patients were maintained on a low salt (1.0 Gm.) diet, but it was adequate in protein and fresh fruits and vegetables. If the diet were not adequate or low in potassium, then it is conceivable that there might be more danger of inducing hypokalemia. R. V. Ford emphasizes the point that ". . . with the chronic use of any of these agents, the possibility of producing clinical hypokalemia should always be remembered" (Med. Clin. N. Amer., 45:961, July, 1961), even though the increase in potassium excretion is relatively slight.

Most of these participants were potential candidates for hypokalemia in that they were all digitalized patients with chronic congestive failure and liver engorgement. However, no one manifested any suggestive signs or symptoms of hypokalemia such as cardiac arrhythmias, malaise, cramps, weakness, nausea and vomiting.

There were no significant changes throughout the study period in blood counts, urinalyses, BUN's, and no trends were discernible. The diabetics did evidence decrease in glucose tolerance during the fluid retention period, but during stable periods on polythiazide and chlorthalidone they maintained good control with minimal doses of tolbutamide.

In a controlled geriatric group of patients, a three times weekly dosage schedule is adequate and well tolerated for control and maintenancy of extracellular fluid and blood pressure. The majority of such patients require only 2.0 mg. doses.

CONCLUSION

Polythiazide in doses of 2.0 mg. three times weekly controlled edema and blood pressure well for a fifteen month period in almost all of 123 aged domicilary patients. One sixth of them required supplemental doses or increase to 4.0 mg. three times weekly to maintain long term control. At this dosage level there were no evidences of toxicity, idiosyncrasy, or intolerance, and no undue side effects such as hypokalemia. Clinical gout occurred in the same ratio as in a control group not receiving diuretics. Diabetics were controlled on minimal doses of tolbutamide during long-term polythiazide therapy.

Polythiazide is an excellent diuretic-antihypertensive agent for chronic long-term management of geriatric patients.

This work was made possible by a grant from the Pfizer Company who supplied the polythiazide for the study. Without the invaluable cooperation and assistance of Anne Valkenier, my laboratory technologist, and the hard work and cooperation of the nursing personnel and the dietary department of the Michigan Masonic Hospital, the data could not have been obtained for this report.

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Dinner Dance Speaker

U. S. Congressman Gerald R. Ford, Jr., of Grand Rapids, will be the featured speaker at the 1964 Annual MSMS Dinner-Dance at Detroit, Thursday, September 24, Congressman Ford, chairman of the House Republican Conference Committee and a member of the House Appropriations Committee, represents the Fifth Congressional District.

From an experience in general practice it is apparent that cholelithiasis is not an uncommon disease in the woman thirty years of age and younger but its recognition is often delayed by failure to consider it in the young woman with abdominal pain. Data from a general hospital are given which suggest the relationship of the initial attacks of cholelithiasis in the young woman to pregnancy. Controversial viewpoints in the literature are summarized and compared. The lack of a conclusive progressive study of the development of cholelithiasis during pregnancy is noted.

Cholelithiasis In the Young Woman

BY THOMAS B. HILL, M.D.
EAST LANSING

During twelve years of general practice, I have had seven women patients ages seventeen to twenty-three undergo cholecystectomy for calculous gallbladder disease. These seven patients briefly summarized below led me to review the available literature and assemble statistical data on all cholecystectomies done at Blodgett Memorial Hospital, Grand Rapids, Michigan, in the years 1961 and 1962 to determine the incidence of cholelithiasis and cholecystectomy in the young woman and its relationship to pregnancy.

E. V. was eighteen at the time of cholecystectomy on July 11, 1952. Greenish-yellow irregular stones two to five millimeters in diameter were present. Her symptoms probably dated back to 1950 but inasmuch as she continued to have abdominal complaints postoperatively it is difficult to define accurately those symptoms secondary to cholelithiasis. She delivered her first pregnancy near term on May 15, 1952.

S. M. was seventeen at the time of cholecystectomy on June 2, 1959. Numerous small yellowish-green stones were present. Her first acute symptoms were in January, 1959. She had delivered her first pregnancy at term on November 4, 1958.

J. H. was twenty-two at the time of cholecystectomy on November 3, 1959. Many small cholesterol stones were present. Her first acute symptoms were on October 4, 1959. She had delivered her second pregnancy at term on June 6, 1959.

K. C. was seventeen at the time of her cholecystectomy on March 28, 1963. Many small greenish-yellow stones were present. Her first acute symptoms were on February 15, 1963. She had delivered her first pregnancy at term on January 29, 1963.

G. L. was twenty-three at the time of cholecystectomy on June 16, 1959. A 1.5 cm mixed cholesterol and bile pigment stone was present. Her symptoms dated back two years and were more severe the last six months. She had had no pregnancies.

A. H. was twenty-three at the time of cholecystectomy on March 30, 1963. Three 1.5 cm stones were present. Her symptoms probably dated back nine months. She had had no pregnancies.

S. O. was nineteen at the time of cholecystectomy on May 23, 1963. Innumerable finely granular yellowish-tan calculi were present. She delivered her first pregnancy at term on February 4, 1963 and her acute symptoms began about April 15, 1963.

Guttmacher and Rovinsky[1] state that the exact mechanism of formation and deposition of biliary calculi is not fully understood, but bile stasis, increased concentration of cholesterol in bile, and changes in the physicochemical nature of bile salts are all believed to play a significant part and that these three factors may operate in normal pregnancy, which may account for the fact that gallstones are much more common in parous women.

THE EXPERIENCE OF OTHERS

Gerdes and Boyden[2] reviewed the literature in 1938 in regard to the factor of the gall bladder being larger than normal and emptying sluggishly in pregnancy. They criticized the failure of controls and pre and postpartum studies and attempted to remedy this. In 21 healthy pregnant women given gall bladder dye intravenously all but two visualized. In five cases in the first trimester, there was no significant decrease in emptying rate which averaged 73 per cent 40 minutes p.c. in the nulligravida by their technique. In 13 cases in the second and third trimester, the average emptying rate was 52 per cent, and in five of these patients checked postpartum who averaged 38 per cent in the second or third trimester, there was a return to 71 per cent six to eight weeks postpartum. These five patients also showed larger gall bladders before oral feeding to initiate emptying prepartum than postpartum. Potter's[3] statement that in 390 Cesarean sections 75 per cent of the gall bladders were noted to be large, atonic and showing globular distention is quoted frequently in the literature but is subjective and not compared to any standard.

Large, Lofstrom and Stevenson[4] did cholecystograms on 352 pregnant women, aged 13 to 43, with only 11 of them abnormal: seven definitely showing stones, one questionable and only three non-visualized. Fifty-five of these patients had postpartum cholecystograms and of two who had normal prepartum films, one had non-visualization and one had gallstones. This roughly 4 per cent of patients with newly developed disease seems more significant to me than it did to them. If two out of the next 55 of one's obstetric patients developed gall-bladder disease where none existed before, a physician should be much more actively aware of this disease as a complication of pregnancy.

The statement that there is increased concentration of cholesterol in the bile and changes in the physicochemical nature of the bile salts during pregnancy is based on Potter's[3] data from aspiration of bile from gall bladders at Cesarean sections. These data are not compared to normal values, and on reading his tabulated figures, there appears no valid basis for any such conclusion. Large, Johnston, Katsuki and Fachnie[5] aspirated bile from the gall bladders of 28 pregnant women at Cesarean section and compared it to the bile aspirated from the gall bladder of 10 non-pregnant women without biliary tract disease and found no evidence to suggest alterations in the constituents of gall-bladder bile or change in the function of the gall bladder during pregnancy which might lead to the formation of gallstones.

Peters, Heinemann, and Man[6] do demonstrate by their 145 observations on 34 normal pregnant women that after 12 weeks of pregnancy, there is a rise of variable degree in the serum lipids of every patient and that this drops in the postpartum period. The most distinctive feature is the increase in neutral fat but cholesterol and free cholesterol also consistently increase with a fairly constant ratio between them.

That acute cholecystitis requiring surgical intervention is rare in pregnancy is attested by Hamlin and his co-workers'[7] review of 26,341 pregnancies followed at Boston Lying-In Hospital where there were only four cases of acute cholecystitis (these subsided on conservative treatment) and 23 other patients with symptoms attributed to cholecystitis or cholelithiasis. Vincent[8] reviewed 136,000 deliveries at the Charity Hospital of New Orleans and found only 32 cases of jaundice and only two of these were cases of obstructive jaundice due to stones in the common duct.

Robertson and Dochat[9] made an extensive review of all reports linking gallstones and pregnancy. They quoted many series such as the following four from Germany: the first of 170 women operated on for gallstones, 52 referred their first symptoms to a pregnancy; the second of 253 women patients, 63 referred their first symptoms to a pregnancy and half of these had symptoms during their first pregnancy; in a third of 352 women, 144 related their illness to a foregoing pregnancy, and in 70 the first attack followed the first pregnancy; and a fourth of 576 women patients, 201 had their first attacks of gallstone colic noted during or shortly after pregnancy. They further analyzed these reports of 14,016 cases of women with gallstones and determined that 79.6 per cent had had children. However, they noted that of all women patients admitted to the Mayo Clinic over the age of 50, 79.25 per cent had borne children and concluded that no statistical relationship between pregnancy and gallstones exists. The dissimilarity between patient populations should be noted and is to be given further weight inasmuch as 84 per cent of 1,413 women with gallstones discovered at postmortem at Mayo Clinic had borne children.

Robertson[10] summarizes observations that must be explained by any theory of gallstone formation: gallstones occur in both men and women but more frequently and at an earlier age in women; they are formed almost exclusively during the period of active sex functions; they are almost entirely formed in the gall bladder and this may be without demonstrable anatomic changes in the gall-bladder wall; they are produced during short, not frequently repeated periods, occasionally in showers and never continuously; finally, that they are rounded when not subject to the molding influences of apposition to each other or of the gall-bladder wall. Robertson concludes that functional disturbances of the gall bladder precipitated by neurogenic factors may well be the major etiology of gallstones; in other words they are of psychosomatic origin similar to peptic ulcers. He dismisses pregnancy as an etiological agent solely on his statistical analysis in which he compares dissimilar groups; a group of patients from Mayo Clinic is not representative of the general population unless selected as below.

The age at which surgery is done for gall-bladder disease is not necessarily a good indication of the age at which the disease had its onset. The following tabular data represents the age distribution of 1356 patients operated upon for diseases of the biliary tract from 1950-53 at the Lahey Clinic (95.3 per cent of these cases had gallstones present)[11]

Age, Years	*No. of Patients*	*Age, Years*	*No. of Patients*
10-20	3	51-60	470
21-30	71	61-70	269
31-40	162	71-80	52
41-50	323	81-90	6

These data being from a well-known clinic may well be unrepresentative of an average population with only 5.5 per cent of the patients being 30 years or younger. The following data[12] from the Mayo Clinic represent only the records in 1948-49 of all permanent residents of Rochester, Minnesota, who had disease of the gall bladder as shown by x-ray evidence of gallstones or by the surgical pathology. Of 245 patients, eight (3.3 per cent) were 20 years or less in age; seven (2.9 per cent) were 21 to 25 years; and 20 (8.2 per cent) were 26 to 30 years at the time of admission for their disease; 14.4 per cent were 30 years or under with a mean age of 24 and a mean age for onset of symptoms of 18. Only four of the 15 patients 25 years or less had been pregnant. In 40 cholecystectomy patients under the age of 25 (including non-residents), only four had proven or possible evidence of hemolytic disease. By the use of data on permanent residents of Rochester only, a truer incidence of gall-bladder disease in a general population was obtained.

Gerwig and Thistlethwaite[13] describe 10 women patients under the age of 30 who were operated upon for calculous gall-bladder disease in a six-month period. In all 10 patients, symptoms began during or following a pregnancy. This series gives no indication of incidence but it does make the physician experiencing it aware of the importance of the disease in the young woman as my own experience has.

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Sparkman[14] describes 100 consecutive operations on women for calculous gall-bladder disease with an age range from 20 to 85 years. Twenty-three of the operations were in women 30 years of age or under. All had completed term pregnancies; five had one child, 13 had two children and four had three or more children. Seven of the patients had symptoms during the first pregnancy or very shortly afterwards. All calculi were radiolucent, and in all but two patients, the stones appeared to consist principally of cholesterol and were roughly spherical in shape. In reviewing the literature, he concluded that the postpartum period is a time of greater susceptibility to gallstone attacks than the period of gestation itself and that the attacks of the puerperium are generally more severe than those of pregnancy. Further in his review he noted that in 176,000 pregnancies only eleven cholecystectomies were done.

At Blodgett Memorial Hospital in 1961 and 1962, a total of 481 cholecystectomies were done. There were 339 female and 142 male patients. There were 44 who were 30 years of age and under; only one was male. Three others had surgery for other than calculous gall-bladder disease. Of the remaining 40 women, 30 years of age or under, who had cholecystectomy for calculous gall-bladder disease, the following information is available:

1. Twelve of the women were 20 per cent or more above the average weight for their height and age and seven of these were over 30 per cent above the average weight.
2. Thirty-three of the women had had children. Of the remaining seven, the pregnancy history of one was not given; one was a diabetic who had already lost 150 pounds but was still 21 per cent above the average for her height and age; one had hemolytic anemia; one had a bleeding tendency that received a work-up during the admission; one was 29 per cent over the average weight for her height and weight; one was 78 per cent above; and one was 23 per cent above.
3. At least 18 of the patients had the onset of their symptoms during a pregnancy or in the first six postpartum months. In many of the charts, the data were not adequate to compare dates of onset of symptoms with dates of pregnancies.

COMMENT

Gall-bladder disease is not often enough considered in the differential diagnosis of acute pain syndromes in the young woman. Spastic or functional distress will usually be the first diagnosis considered. When sharp jabs of pain are primarily in the thorax, pleurisy will often be thought of and a chest x-ray ordered rather than a cholecystogram. Sharp, colicky pain without nausea or vomiting and with atypical location has been the presenting symptom in most of my patients. Several authors comment on the atypical presentations of symptoms in the young woman having gall-badder colic, and this may well account for the failure to make the correct diagnosis in many of these women.

The observation that the postpartum period has more frequent and more severe attacks may well be correlated with the gall bladder then having a smaller volume and also contracting to a greater degree after feeding. It seems possible that stones would be more likely moved into the cystic or common duct with more vigorous contraction.

The Blodgett series does suggest pregnancy as one of the factors in the development of gallstones in the young woman, for of the six who definitely had no pregnancies by history, four were more than 20 per cent above the average weights for their heights and ages, and one had hemolytic anemia. But contrast these data with those of the Mayo Clinic[12] where only four of the 15 patients under 25 years of age with cholelithiasis had been pregnant.

SUMMARY

Cholelithiasis is not an uncommon disease of young women. Although the present series and others are highly suggestive of a relationship to the onset of symptoms of the disease during or shortly after pregnancy, there are conflicting reports. An extension of a series of prepartum and postpartum cholecystograms, such as initiated by Large, Lofstrom and Stevenson,[4] could much better define the true incidence of cholelithiasis as a complication of pregnancy.

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To Address Delegates

Milford O. Rouse, M.D., of Dallas, Speaker of the AMA House of Delegates, will speak Sunday night, September 20 before the MSMS House of Delegates. A specialist in gastroenterology, Doctor Rouse is a graduate of the medical school at Baylor University and has practiced in Dallas since 1928. He was elected AMA Speaker first in 1963 after four years as Vice Speaker.

KNOCKING OUT POLIO

Through a Successful Mass Immunization Program (The Kent County Story)

BY WINSTON B. PROTHRO, M.D., M.P.H.
MORRIS WILDEROM, M.D.
HAROLD E. SAMUELSON, M.A., M.P.H.

GRAND RAPIDS

The successful organization and execution of a mass polio program reaching 90 per cent of the population in Grand Rapids and Kent County is now past history. How the program was organized in less than two weeks to nip a mushrooming epidemic created considerable local, state, and national interest. Through this brief summary, it is the authors' desire to share our experience in how these results were achieved.

During the latter part of August, 1963, the routine work of the Grand Rapids-Kent County Health Departments was interrupted by the successive reports of three clinically diagnosed cases of paralytic poliomyelitis among children.

Because of the threat of a potential outbreak and the possible necessity for a community-wide program, a conference was quickly called by the Health Department to meet with representatives of the Kent County Medical Society, the Grand Rapids Junior Chamber of Commerce, the Kent County Pharmaceutical Association, the Kent County Chapter of the National Foundation and consultants from the Michigan Department of Health to appraise the situation, to review the epidemiology of the cases, and agree upon a cooperative community plan for meeting the situation.

* * *

NONE OF THE cases had been immunized against polio.

Particularly alarming was the fact that the cases were located in a low socio-economic area where it was known that only about 65 per cent of the preschool population was immunized against any of the preventable diseases. Since Salk vaccine was not suitable for the apparent pressing need, it was the joint decision of the group that, subject to all cases being the same type, nothing short of a county-wide emergency polio immunization program using oral poliomyelitis vaccine would offer the protection necessary for citizens of all ages in Grand Rapids and Kent County. Blood and stool specimens submitted to the Michigan Department of Health Laboratory confirmed Type I poliomyelitis in all three cases.

In addition, five additional polio cases, later diagnosed as Type I, and several possible cases occurred by the time the program got under way. The total of eight cases totaled more than had occurred during the previous combined five year-period. No new cases have been reported since the mass program.

* * *

THE DECISION to initiate an emergency program demanded urgency in organizing for the community-wide program and the following steps were taken:

1. The executive committees of the Kent County Medical Society and the Kent County Society of Osteopathic Physicians and Surgeons were consulted to appraise them of the situation and to solicit their cooperation. Both approved the recommendation for a mass program and both received the full support of their societies.

Winston B. Prothro, M.D., M.P.H., is Public Health Director.

Morris Wilderom, M.D., is Director, Division of Disease Control and Adult Health.

Harold E. Samuelson, M.A., M.P.H., is Director, Division of Health Education and General Services.

All are members of the Grand Rapids-Kent County Health Departments.

ORAL SABIN VACCINE TYPES I, III, AND II BY AGE
KENT COUNTY MICHIGAN
(September thru December, 1963)

Round I Type I	K.O. Day		Clinic Follow-Up		All Other Follow-Up Captive Groups		Total Immunization		July 1, 1962 Population (Provisional*)	Immunization Difference From Population
Age	No.	%	No.	%	No.	%	No.	%		
Under 1 year	7,029	2.2	472	2.9	47	0.4	7,548	2.2	9,739**	− 2,191
1- 4	34,944	10.9	1,201	7.3	159	1.4	36,304	10.4	38,805	− 2,501
5-18	108,976	34.1	3,575	21.8	1,247	10.9	113,798	32.7	105,265	+ 8,533†
19-40	90,668	28.3	4,655	28.3	5,497	48.2	100,820	29.0	104,411	− 3,591
41 and over	78,383	24.5	6,524	39.7	4,468	39.1	89,375	25.7	113,480	−24,105
All ages	320,000	100.0	16,427	100.0	11,418	100.0	347,845	100.0	371,700	−23,855
% of population	86.1%		4.4%		3.1%		93.6%		100.0%	
Round II Type III										
Under 1 year	6,898	2.2	354	3.2	34	0.4	7,286	2.2	9,739**	− 2,453
1- 4	34,830	10.9	959	8.8	141	1.5	35,930	10.6	38,805	− 2,875
5-18	109,618	34.4	2,654	24.4	838	9.1	113,110	33.4	105,265	+ 7,845†
19-40	87,380	27.4	3,817	35.1	3,984	43.0	95,181	28.1	104,411	− 9,230
41 and over	79,976	25.1	3,101	28.5	4,261	46.0	87,338	25.8	113,480	−26,142
All ages	316,702	100.0	10,885	100.0	9,258	100.0	338,845	100.1	371,700	−32,855
% of population	85.74%		2.92%		2.5%		91.2%		100.0%	
Round III Type II										
Under 1 year	6,457	2.0	160	2.7	29	0.4	6,646	2.0	9,739**	− 3,093
1- 4	34,684	11.0	620	10.6	126	1.7	35,430	10.8	38,805	− 3,375
5-18	109,260	34.7	1,425	24.3	373	4.9	111,058	33.8	105,265	+ 5,793†
19-40	86,123	27.4	2,109	36.0	3,880	51.1	92,112	28.1	104,411	−12,299
41 and over	78,220	24.9	1,547	26.4	3,181	41.9	82,948	25.3	113,480	−30,532
All ages	314,744	100.0	5,861	100.0	7,589	100.0	328,194	100.0	371,700	−43,506
% of population	84.7%		1.6%		2.0%		88.3%		100.0%	

*Age distribution based on census, arithmetic progression, births, deaths, and school enrollment. Total population is supplied by the Michigan Department of Health.

**Includes infants under two months of age. Vaccine was *not* given to infants under two months of age.

†Represents an unknown percentage of error in tallying procedure, error of not more than 1 per cent growth between 1962 and 1963 age estimate based on Sept., 1963, school membership of 106,549, and an unknown percentage of non-residents participating in program.

2. The United States Public Health Service Communicable Disease Center in Atlanta, Georgia, was consulted and declared that the situation met the criteria for an emergency-type program. The Public Health Service agreed to furnish Type I vaccine for all children under 18 years of age and sent two educators and a physician to assist in developing the local program.

3. Local organizations thought to be interested in assisting the Grand Rapids-Kent County Health Departments in the program were contacted. The following groups agreed to assist actively and to serve as cosponsors of the project:

- The Grand Rapids Junior Chamber of Commerce
- The Kent County Chapter of the National Foundation
- The Grand Rapids District Nurses Association
- The Kent County Pharmaceutical Association
- The Kent County Medical Society
- The Kent County Society of Osteopathic Physicians and Surgeons

The Health Department called the first planning meeting on September 11 and each of the sponsoring groups was asked to send a representative. At this meeting, the City-County Health Officer explained the circumstances resulting in his declaration of a medical emergency and the effort necessary to stop the pending epidemic and to prevent another outbreak of this type from ever occurring. A steering committee was formed consisting of representatives of each of the sponsoring groups. Detailed plans were developed for implementing the program and Saturday, September 21, was chosen as the day for the first round with Rounds 2 and 3 to be conducted on November 2 and December 7.

* * *

THE TERM, "K.O. Polio," was adopted as the identifying name for the project. It was decided that Type I polio vaccine would be offered first, followed by Type III and Type II. The 68 carefully selected station sites suggested by the Health Department were adopted by the steering committee.

Realizing the importance of an informed citizenry, the steering committee met with representatives of the press, radio and television September 12 to appraise them of the situation and to solicit their help in carrying the story to the public.

The steering committee met several times before the day of the first program to work out the following specific details to implement the program:

I. *Duties Accepted by Each Sponsoring Group*

1. *Grand Rapids-Kent County Health Departments.*—Responsible for coordination and leadership in the development, promotion, and execu-

tion of the total program, policy decisions and basic planning.

2. *Grand Rapids Junior Chamber of Commerce* (including the Jaycee organizations from Rockford, Lowell, Wyoming, Grandville and Walker).—Responsible for the procurement and training for team captains at each center, procuring of clinic centers, ordering all vaccine, distribution, packaging and storage of frozen vaccine and station supplies, station organization and basic planning.

3. *Kent County Chapter of the National Foundation.*—Responsible for financing the project, the collection of all contributions, procurement and organization of non-professional volunteers at the station sites and basic planning.

4. *Kent County Medical Society.*—Responsible for procurement and orientation of physicians for duty at station sites, assistance with medical policies and basic planning.

5. *Kent County Society of Osteopathic Physicians and Surgeons.*—Responsible for the procurement and orientation of physicians for duty at station sites, assistance with medical policies and basic planning.

6. *Grand Rapids District Nurses Association.*—Responsible for procurement and orientation of all nurses for duty at station sites.

7. *Kent County Pharmaceutical Association.*—Responsible for the procurement and training of all pharmacists for duty at station sites.

II. *Selection of a Headquarters Location on the Day of the Program*

The local wholesale drug house through which the purchased vaccine was secured volunteered their facilities and offices as the headquarters on the day of each program.

III. *Operation at Station Sites*

Every effort was made to utilize schools as station sites based on the assumption that it would be the most practical place to attract family units outside of the home. Some centers were established in shopping areas to accommodate those not having close association with schools. Saturday was selected as the day most likely to attract entire families. With the exception of six half-day stations in sparsely populated areas, each program was open from 9 A.M. to 6 P.M. Stations were closer together in the low socio-economic area to minimize the distance anyone would have to travel.

Population was analyzed in and around each of the 68 selected program sites. Every effort was made to predetermine the amount of traffic expected and to organize each station with one, two or three feeding lines to minimize congestion and confusion.

Orientation meetings were held for pharmacists and team captains and the duties of physicians, team captains, pharmacists and nurses were prepared in printed form for each participant.

Vaccine for each of the three rounds was ordered in the amount of 20 per cent over the actual population of the county. Vaccine was distributed to the centers in insulated cartons with dry ice. The amount of vaccine distributed to each center was based on area population for the first round. This proved to be unsatisfactory because of the amount of transferring of vaccine from one site to another during the first round. The final two rounds of the program utilized the experience of the first round to determine distribution amounts and greatly reduced the redistribution problem.

IV. *Promotion.*

A very intensive community promotion program was carried out under the leadership of the Health Department. All radio, television, weekly and daily newspapers throughout the county contributed vast amounts of free time and large blocks of free space in the form of public service announcements. Churches, schools, industries, unions, hospitals, department stores, gasoline stations, dairies, pharmacies, theatres, bowling alleys, barber shops, beauty salons, bakeries, public centers, preschool nurseries, drug and grocery wholesalers, linen companies, laundries, and other public places where people congregate assisted in distributing either literature, posters or made public service announcements over loud speaker systems or by word of mouth.

Boy Scouts and Youth Council of the National Association for the Advancement of Colored People assisted in house to house distribution of literature in specific sections of the city and county.

Two local amateur radio groups assisted with communications on the day of the program. The Kent County Emergency Radio Group (ham operators) established their radio headquarters in the distribution center on the day of the program. This group was responsible for radio contact with groups of drivers and volunteers who assisted in distributing vaccines and supplies to the various stations. The Grand Valley II Meter Group, who are unlicensed radio operators, maintained contact with volunteer drivers who personally delivered vaccine to individuals not having transportation or who were otherwise shut in.

V. *Make-up Clinics*

Five make-up clinics were held following Round 1 and six make-up clinics were established for Rounds 2 and 3. The make-up clinics were carefully established in convenient centers of the city and county and were held within one week of each of the original distribution days.

Vaccine was also delivered to various hospitals and other institutions the Monday following each program. This procedure enabled the use of thawed vaccine that otherwise might not have been used. The attached statistical report will attest to the excellent community cooperation and acceptance of the program.

Explains State Lab Virus Testing Services

By Michigan Department of Health

LANSING—With the advent of the antibiotic era, it is recognized that bacterial diseases are declining as a major health problem and viral diseases are becoming relatively more important. As our knowledge of the variety of diseases caused by viruses grows, it becomes increasingly important to relate our clinical diagnosis to known etiologic agents.

For example, the diagnosis of "non-paralytic polio" has given way to "aseptic meningitis" with the increased recognition that the clinical syndrome may be caused by a variety of viral agents, including familiar ones such as mumps and herpes simplex. Frequently laboratory studies are the only method of determining the virus causing a given patient's illness.

The list of viral diseases of 25 years ago was mainly composed of diseases distinguished on a clinical basis, such as smallpox, chickenpox, rubeola, rubella, and yellow fever. As knowledge and techniques in the field of virology improved, it soon became apparent that some of the clinical diseases were actually caused by a variety of viruses, for example, "non-paralytic poliomyelitis."

* * *

ON THE OTHER HAND, some viruses can cause a variety of clinical syndromes. For example, in a single epidemic, Coxsackie B-4 caused pleurodynia, herpangina, abdominal pain, orchitis, aseptic meningitis, and myocarditis.[1] Several agents have been implicated as the cause of acute exanthems, many of which are difficult to distinguish from the classical acute exanthems. Some viral agents have been associated with seemingly new and distinct syndromes, such as "Hand-Foot-and-Mouth Disease" caused by Coxsackie A-16.[2]

Attempts to diagnose viral illnesses can raise some interesting problems. Recently, a child had the onset of aseptic meningitis shortly after receiving attenuated oral polio vaccine. As expected, polio virus was found in his feces and he displayed a rise in serum antibody titer. However, he also had a significant rise in antibodies to mumps—a frequent cause of this syndrome. Which of his concurrent infections caused his illness, attenuated poliovirus or mumps?

* * *

DETERMINING that a given viral agent is the cause of a given disease is often difficult. The mere presence of a virus in the body fluids or excreta of an ill person does not necessarily mean that the disease is caused by that agent. Subclinical virus infections are common and many viruses persist in the body for considerable periods after infection. If, on the other hand, a serum antibody rise is detected during the course of the illness against the agent isolated, the temporal relationship between the infection and the disease is established and makes the association between the two much stronger. If a given virus is associated with an illness repeatedly, either in many isolated patients or in an epidemic, the casual relationship becomes accepted.

Some viruses are difficult to isolate in the laboratory. For these, we often have to depend upon a rising serologic titer to incriminate a specific virus. This is useful if the disease in question and the virus have clearly been shown to be associated. If they have not been clearly associated, the use of serology alone may be misleading, particularly in individual patients.

* * *

THE DIVISION of Laboratories performs diagnostic tests for most of the common virus diseases. A list of these services is available from the Michigan Department of Health. This service allows the physicians of Michigan to make first-hand observations on the relationship between some of the illnesses they see in practice and the virus agents for which we can test. As knowledge and techniques develop in virology it is extremely important to obtain the clinical information that is necessary to make the virus laboratory work meaningful. It is vital that meaningful specimens be submitted for virus diagnosis. A blood specimen sent in for "viral studies," as is occasionally done, cannot be processed. The cost in time and money for such a "hunting expedition" of questionable significanee is prohibitive.

On the other hand, an investigation into probable etiologic agents can be started promptly on proper specimens. Only through repeated observations and viral studies of individual patients and epidemics of seemingly related illnesses will we be able to bring order to the complex and varied data that now exists about the etiology, diagnosis, and epidemiology of virus diseases.

References

1. Artenstein, Cadigan, Jr., Epidemic Coxsackie virus infection with mixed clinical manifestations. *Ann Int Med*, 60:196 (Feb.) 1964.
2. Alsop, Flewett and Foster: Hand-foot-and-mouth disease in Birmingham in 1959. *Brit Med J*, 1708 (Dec. 10) 1960.

ards, Brochures Offered MSMS Members

Urge Use of Emergency Identification Cards

Every MSMS member is urged to join in a statewide effort to provide an emergency medical identification card to all patients who need special care in emergencies.

A mailing by MSMS in August introduced the project to the members and a return postal card permits members to order copies of the standardized AMA-MSMS card to distribute to their patients.

MSMS is making not only the cards available to members, but also supplies of an AMA educational folder for distribution in the doctor's office. The folders will help explain the new symbol to the general public.

* * *

DOCTORS, WHO HAVE not as yet returned the order blank, are urged to write MSMS, Box 152, East Lansing, for a supply of cards and brochures.

This MSMS project is the outgrowth of a resolution adopted by the MSMS House of Delegates and implemented by the MSMS Public Relations Committee and The Council.

The back-to-school, fall season appears to be a "natural" time for such a project.

The AMA-MSMS card is intended to supplement rather than replace the identifying medallions presently distributed by various organizations and agencies. A list of firms that manufacture medallions also has been sent to MSMS members. Doctors may use their own discretion in recommending any medallion-type device or manufacturer.

* * *

ACCEPTANCE OF THE six-sided, stop-sign symbol adopted by the AMA in 1963 has been universal. Many state and national medical and health organizations are joining the move to obtain maximum use of the cards. The symbol indicates to all who see it that the wearer suffers from a chronic disease or has violent allergy reactions to various medications.

MSMS hopes that every member will join in promoting the symbol as the universal indicator of the presence of emergency medical identification. The MSMS project is two-fold: To urge doctors to give cards to their patients needing them, and to help the public recognize the meaning of the symbol.

MD-PAC Seeking To Show Film

MD-PAC members, in an effort o interest more physicians in politi-al activity, are scheduling a new MPAC film at many of the county medical society meetings for this all.

"How the Opinion Maker Makes Opinion in Politics" is the title for the 30-minute, 16 mm film, which is available from MD-PAC, Box 169, East Lansing.

The film suggests three steps to effective political opinion making: (1) Knowing what you are going to say, (2) Say it, and (3) Keep aware of the many opportunities within your daily route of expressing your opinion.

Grants Aid Medical TV

Several grants for medical television were received by the University of Michigan Regents at their last meeting.

A grant of $50,000 was received from the Herbert H. and Grace A. Dow Foundation, of Midland, for the Medical School Color Television Fund.

A gift of $15,000 was received from the National Fund for Medical Education to establish a program of Television Tapes for medical education.

* * *

DETROIT—The International Symposium on Pain will be held at the Henry Ford Hospital, Detroit, October 21-22-23. Interested doctors may obtain information from Robert S. Knighton, M.D., 2799 West Grand Boulevard, Detroit.

Here's the Latest News

Once again, these four colored pages carry late-breaking news as an added service of Michigan Medicine to the members. A late deadline permits Michigan Medicine to insert these four pages as the journal is being assembled.

MCCC Rules Changed On Tonsillectomies

The Michigan Crippled Children Commission announces it is no longer routinely requesting a second opinion before authorizing tonsillectomies for children covered by its program.

The Commission will authorize a physician to do a tonsillectomy who has the approval of the credentials committee of his hospital to perform this procedure.

As in all cases of elective surgery, physicians should request prior approval before doing a T&A when the Commission is expected to participate in payment of the medical and/or hospital costs for this procedure.

* * *

ANN ARBOR—One of the series of 19 postgraduate courses offered by the American College of Physicians will be held in Ann Arbor, November 16-20. A course in "Fundamental Concepts of Gastroenterology" will be taught at the University of Michigan, with H. M. Pollard, M.D., as the director. Information may be obtained from the ACP, 4200 Pine Street, Philadelphia.

COMMUNITY HEALTH WEEK, OCT. 18-24 IN MICHIGAN

Community Health Week, to be observed in Michigan and the Nation during October 18-24, provides an opportunity for each physician to join in an important public-service project.

The purpose of Community Health Week is to inform the public of the dramatic advances in modern medical science during the past few decades and to encourage citizens to cooperate with the medical profession in promoting good health.

Michigan's state-wide program for Community Health Week was acclaimed best in the Nation in 1963 by the American Medical Association.

The Michigan State Medical Society has again asked the Michigan Health Council and the Michigan Association of the Professions to augment its efforts in sponsoring and implementing the Nation-wide Community Health Week program of the American Medical Association.

County Society Presidents are urged to immediately appoint a Community Health Week Chairman and committee to carry out the week-long program. The Community Health Week kit of materials will be sent to each county society in the near future.

The opportunity afforded during Community Health Week is unlimited in increasing citizens health knowledge. The Medical and Allied Health professions have an excellent week-long opportunity to enhance its prestige and public image during Community Health Week.

Makes Long-Distance Speech

A telephone call from Ann Arbor to Traverse City "stole" the show at the 1964 Coller-Penberthy Medical Conference.

All the outstanding medical authorities from Michigan and other states performed well—but the physicians went home surely remembering also the phone call.

The call—amplified over a PA system—was a feature of the closing banquet on July 31. Unable to attend the Conference for the first time since it started 44 years ago, Frederick A. Coller, M.D., was confined to his home due to illness—but he was able to extend his wishes and visit with the men through the special telephone hookup. One of the honored guests at the banquet was Edwin L. Thirlby, M.D., Traverse City, co-organizer of the medical conference.

Attendance this year increased another 10 per cent with 313 total registrants. General Chairman Frank H. Power, M.D., reports that 254 doctors were registered—and that the final banquet reached a new attendance mark of 279.

Open to all physicians, the 1965 Conference will be held again the last Thursday and Friday in July.

WE GET LETTERS—

Congratulations on the new "Medigram" newsletter. It is concise and well written; should command wide readership.

Leo E. Brown
Assistant to Executive Vice President, AMA

I like the "new look" of the new Michigan Medicine. "Medigram" also is a fine addition to your communications. Please extend my congratulations to all concerned.

Jim Reed, *Director*
AMA Communications Division

H. A. Towsley to Lead American Academy Of Pediatrics

H. A. Towsley, M.D., Ann Arbor, will be installed as President of the American Academy of Pediatrics at its annual meeting October 24-29 in New York City. A member of the executive board and chairman of the Michigan-Indiana - Ohio - Ontario District since 1960, he was appointed President-Elect of the Academy recently following the death of Harold F. Flanagan, M.D., who had been elected to that post a year ago.

Program chairman for the 1964 MSMS Annual Scientific Session and long active in MSMS affairs, Doctor Towsley was chairman of the Michigan chapter of the Pediatrics Academy from 1952 to 1958.

Cornell Crash Study Director Salutes MSMS

The Director of the Automobile Crash Injury Research program at Cornell University writes: "It is with a deep sense of appreciation that we salute the members of the Michigan State Medical Society who, as a supplement to efforts directed toward accident prevention on our highways, are making an important contribution in our study toward the injury prevention approach in this vital area of traffic safety."

That praise by ACIR followed recent action by the *Medical Tribune* in presenting the "Lifesaving Achievement in the Service of Health" to the Cornell project.

At present, MSMS members in the 26 counties in the northern portion of the lower peninsula are filing accident-injury reports again. It was five years ago when MSMS participated in the first phase of the study, and other sections of the state will join soon in this follow-up check.

* * *

DETROIT—The Detroit Psychoanalytic Society will hear Henry Krystal, M.D., and Herbert Raskin, M.D., September 28, at 8 p.m. at the McGregor Building.

In Brief:

FLINT—The Genesee County Medical Society has planned an interested membership program for October 1 when the Presidents of the Michigan State Medical Society and the Michigan State Dental Association will both be honored guests. The Genesee MDs will be hosts that night for members of the county dental society.

* * *

LANSING — Governor Romney has appointed Edward H. Rodda, M.D., MSMS Councilor from Bay City, to the Advisory Council on Mental Health Services. The appointment, subject to Senate confirmation, is until January 1966. The vacancy was created by the recent resignation of Gelmer A. Van Noord, M.D., Grand Rapids.

Doctor Rodda was program chairman for the recent MSMS Mental Health Congress in Detroit.

* * *

CHICAGO—The current issue of the AMA publication, "PR DOCTOR," cites the MSMS Awards Program as a good example for other states to consider. In part, the article points out that the MSMS Awards (given annually at the County Secretaries-Public Relations Seminar) provide "an excellent means of giving due recognition to deserving individuals and organizations."

* * *

SAGINAW—Plans are fast taking shape for the Saginaw County Medical Society exhibit at the Saginaw County Fair September 13-19. MSMS is assisting with the exhibit —which will be an effective public relations project.

Offer High-Limit Accident Policy To All Members

Final arrangements are now complete to offer a special high-limit accident policy to MSMS members.

The new plan will pay up to $100,000 for accidental loss of life, limb or eyesight. The premium for this high limit coverage is understood to be the lowest ever offered for comparable benefits.

An announcement with a brochure outlining the new plan will be mailed in the near future.

Malcolm D. MacQueen, M.D., Detroit, Chairman of the MSMS Committee on Professional Insurance Plans, reports that details are being handled by MSMS Insurance Administrator, Ben P. Stratton. The carrier is Provident Life and Accident Insurance Company.

Paregoric, Intoxication Test, Abused Child Laws in Effect

Three bills passed by the 1964 State Legislature became law on August 28, ninety days following legislative adjournment. A proposal that it be mandatory for the purchaser of paregoric to produce a non-refillable prescription was supported by the MSMS Committee on Alcoholism and Drug Addiction. The prescription may be either written or oral, and the physician or dentist issuing the prescription must maintain the same records in connection with paregoric as previously maintained for other non-exempt narcotic drugs.

When a physician telephones a prescription the record will be maintained by the pharmacist and the doctor need not keep one, but he must maintain a record if he dispenses the paregoric himself.

MSMS endorsed a second proposal, now law, which requires all physicians who provide medical treatment, or examine, children under the age of 17 with injuries which *may have been intentionally inflicted* to report same to the prosecuting attorney *and* to the county department of Social Welfare. In so reporting the physician is guaranteed by law immunity from civil or criminal liability. If the possible abuse is detected by a physician who is acting as a member of a hospital staff, the report must be made by the person in charge of the hospital.

Failure by the physician is a misdemeanor.

It is now legally possible in Michigan to determine intoxication related to driving a motor vehicle by examination of urine, breath or other bodily substances, in addition to blood. Furthermore, where blood tests are made the blood can now be withdrawn by either a licensed nurse or a medical technician if a police officer requests it and it is done at the direction (with the approval of) a licensed physician.

It is not necessary for the physician to be physically present to supervise the withdrawal of blood.

List Medical Schools PG Offerings

Michigan physicians will have many opportunities this fall and coming school year to enroll in fine postgraduate courses and conferences presented by the medical schools of the University of Michigan and Wayne State University.

Added to these scheduled activities will be the excellent MSMS Postgraduate programs and clinics across the state. The MSMS Postgraduate Education Committee is enthusiastic about some innovations that will be added this fall and expanded next spring. Many of the ancillary groups also plan fine postgraduate events.

Information about the many university postgraduate efforts may be obtained from the medical schools.

University of Michigan Department of Postgraduate Medicine

John M. Sheldon, M.D., Director

CONTINUOUS PROGRAMS:

Pathology, Sept. 8-Nov. 18
Cardiac Resuscitation, Oct. 26
Clinical Electromyography, Nov. 19-20
Physiology, Jan. 11-15
Pediatrics, Jan. 18-30
Obst. and Gynec., Jan. 20-22
Diseases of the Blood, Jan. 25-29
Nuclear Medicine, Feb. 1-3
Hypertension, Renal and Vascular Disease, Feb. 8-12
Psychiatry, Feb. 15-17
Clinical Neurology, Mar. 1-2
Infertility and Endocrinology, Mar. 4-5
Diseases of the Heart, Mar. 8-12
Electrocardiographic Diagnosis, Mar. 15-19
Allergy, Mar. 22-24
Rheumatology, Mar. 29-Apr. 2
Obstetrics and Gynecologic Pathology, Mar. 29-Apr. 9
Pulmonary Diseases, Apr. 5-7
Surgical Anatomy, Apr. 5-May 14
Diagnostic Radiology, Apr. 12-14
Obstetric and Gynecologic Anatomy, Apr. 12-23
Otorhinolaryngology Conference, Apr. 15-17
Ophthalmology Conf., Apr. 19-21
Endocrinology and Metabolism, Apr. 19-23
Dermatology, Apr. 28-30
Recent Advances in Therapeutics, May 3-7

INTERMITTENT PROGRAMS:

Electrocardiography & Heart Disease, Tuesday evening, Sept. 1-Dec. 8
Clinical Internal Medicine, Thursday afternoon, Sept. 3-Dec. 17
Clinical Internal Medicine (Wayne Co. Gen), Wednesday afternoon, Sept. 30-Jan. 13 and Jan. 20-Apr. 14
Selected Clinical Topics in Internal Medicine, Tuesday evening, Jan. 5-Apr. 13
Anatomy, Thursday afternoon, Jan. 21-May 6
Psychiatry for Pediatricians, Wednesday afternoon, Feb. 17-May 5

Wayne State University

Alexander Walt, M.D., Assistant Dean

Neurosurgery Clinical, July 31-June 4
Gynecology Grand Rounds (Receiving), Sept. 4-Dec. 18
Obstetric Grand Rounds (Woman's), Sept. 1-Dec. 22
Neurology Grand Rounds (Receiving), Sept. 9-Dec. 23
Neurology X-ray Conference, Sept. 7-Dec. 21
Electroencephalography Conference, Sept. 10-Dec. 17
Neurology Grand Rounds (Harper), Sept. 11-Dec. 18
Neurology - Clinical Teaching Conference, Sept. 26-May 15
Surgical Radiological Conference, Sept. 12-May 29
General Surgical Conference, Sept. 12-May 29
Endocrine Conference, Sept. 15-May 25
Internal Med., Oct. 10-May 22
Medical - Surgical Gastroenterologic Conf., Oct. 10-May 22
Medical-Surgical Cardiac Conference, Sept. 7-May 24
Cardiology Seminar, Oct. 2-June 11
Ophthalmology (Basic), Sept. 21-June 1
Pathology (Surgical), Sept. 30-Dec. 12
Pathologic Anatomy Seminar, Sept. 24-Dec. 12
Path. (Basic), Sept. 21-Dec. 5
Physiological Chemistry Seminar, Sept. 28-Dec. 7
Intermediary Metabolism, Sept. 28-Dec. 7
Biochemical Application of Radioactive Isotopes, Sept. 28-Dec. 9
Dermatology (Histopathology Slide Review), Sept. 30-Mar. 3
Anesthesia, Oct. 6-May 26
Anatomy (Head & Neck), Oct. 6-Dec. 15
Anatomy (Thorax, Abdomen and Pelvis), Oct. 7-Dec. 16
Anatomy (Back and Limbs), Oct. 1-Dec. 10
Psychiatry, Nov. 17-April ?

Announce Art Show Judges; Entries Due September 21-22

The judges for the 1964 Art Exhibit for Michigan doctors and their wives—to be held in Detroit during the Annual Session—are announced by Mrs. L. Jerome Fink, chairman.

Michael Church, supervisor of special projects, University of Michigan Extension Service, and Arthur Poinier, editorial cartoonist, *Detroit News*, have offered their services to judge the art work.

The Art Exhibit will take place September 22-23-24, at the Sheraton-Cadillac Hotel, in conjunction with the annual meetings of MSMS and its Woman's Auxiliary.

Interested doctors and their wives are invited to bring their entries to the Hotel between 9 a.m. and noon, September 22. The Show will be open September 22 from 3 to 6 p.m.; on September 23 from 9:30 a.m. to 6 p.m.; and on September 24 from 9:30 a.m. to 12 noon. Coffee will be served and the public is invited.

OUR STATE SOCIETY

MANY MSMS MEMBERS SERVE EFFECTIVELY ON BUSY COMMITTEES OF THE AMA

MSMS members continue to make valuable contributions to the service program of the American Medical Association by serving on its various committees and commissions.

Delegates to the AMA from Michigan are: C. I. Owen, M.D., Detroit; G. W. Slagle, M.D., Battle Creek; D. N. Sweeny, Jr., M.D., Detroit; J. R. Heidenreich, M.D., Daggett; W. A. Hyland, M.D., Chairman, Grand Rapids; O. J. Johnson, M.D., Bay City, and L. R. Leader, M.D., Birmingham.

The following are alternate delegates: E. E. Martmer, M.D., Grosse Pointe; R. E. Rice, M.D., Greenville; A. Hazen Price, M.D., Detroit; Sidney Adler, M.D., Detroit; G. B. Saltonstall, M.D., Charlevoix; B. M. Harris, M.D., Ypsilanti, and L. A. Drolett, M.D., Lansing.

Serving on various committees of the AMA are William Beierwaltes, M.D., Ann Arbor, Nuclear Medicine; Arthur Curtis, M.D., Detroit, Residency Review for Dermatology; Muir Clapper, M.D., Detroit, Secretary, Section on Internal Medicine; Russell N. DeJong, M.D., Ann Arbor, Residency Review for Psychiatry and Neurology.

Harold Falls, M.D., Ann Arbor, Alternate Delegate to Section on Ophthalmology; Representing Ophthalmology on the Study of Coordinate Relationship of Medicine with Allied Professions. Jacques S. Gottlieb, M.D., Detroit, Residency Review for Psychiatry and Neurology; Albert E. Heustis, M.D., Lansing, Residency Review for Preventive Medicine; Leonard Himler, M.D., Ann Arbor, Joint Committees of the Councils, Chairman, Committee on Mental Health in Industry; Arthur A. Humphrey, M.D., Battle Creek, Consultant, Committee on Insurance and Prepayment Plans.

Others include William A. Hyland, M.D., Grand Rapids, Constitution and Bylaws Committee Chairman, Communications Chairman; Clarence S. Livingood, M.D., Detroit, Alternate Delegate to Section on Dermatology; Archives of Dermatology; Residency Review for Dermatology; Norman D. Nigro, M.D., Detroit, Residency Review for Colon and Rectal Surgery; Secretary, Section on Proctology. Bruce Proctor, M.D., Pontiac, Associate Editor of Otolaryngology; James W. Rae, Jr., M.D., Ann Arbor, Residency Review for Physical Medicine and Rehabilitation; Herbert A. Raskin, M.D., Detroit, Alcoholism and Addiction; William D. Robinson, M.D., Ann Arbor, Council on Foods and Nutrition.

Still other committee members are Richard C. Schneider, M.D., Ann Arbor, Medical Aspects of Sports; Maurice H. Seevers, M.D., Ann Arbor, Alcoholism and Addiction; George W. Slagle, M.D., Battle Creek, Vice Chairman and Council Representative to the Committee on Insurance and Prepayment Plans, Medical Practices, Liaison Committee of Council on Medical Education and Council on Medical Service.

Concluding the list are Frederick C. Swartz, M.D., Lansing, Chairman, Committee on Aging, National Council on Accreditation of Nursing Homes; Arthur J. Vorwald, M.D., Detroit, Committee on Rating of Mental and Physical Impairment; Franklin V. Wade, M.D., Flint, Committee on Fractures; Walter P. Work, M.D., Ann Arbor, Residency Review for Otolaryngology.

EDITOR'S NOTE

It is our understanding that more than 50 AMA positions are filled by Michigan physicians—and the AMA executive office points out that "MSMS participation rates high in relation to comparable states."

Every effort was made to obtain the names of every Michigan doctor serving on an AMA council, committee, sub-committee. Your assistance is requested to help us compile a perfect list.

Abstract of MSMS Council Action

Meeting of July 16-18, 1964

BLUE SHIELD MERIT RATING PROPOSAL

Following study of Michigan Medical Service proposed plan for merit rating, The Council indicated it looked with favor on merit rating in principle and recommended that all possible information on the subject be provided to MSMS Delegates and Alternate Delegates prior to the 1964 Session of the House.

MEETING WITH MICHIGAN CRIPPLED CHILDREN COMMISSION

In joint meeting with the Commission, The Council discussed items of mutual interest and heard a report that the Commission had removed regulations regarding consultation for elective surgery.

HONORARIA FOR OFFICERS

At the request of the House of Delegates, The Council studied the matter of honoraria for officers and will recommend to the House that the President, President-Elect and Chairman of The Council receive a special expense allowance, and that these officers automatically be elected to life Membership in MSMS upon completion of their term of office.

RETIREMENT PLAN PROPOSAL

The Council directed that more details of a plan that might be of interest to MSMS members be submitted to The Council for review.

1966 HEALTH FAIR

The Council recommended that all possible effort be made prior to the 1964 Session of the House of Delegates to raise necessary funds to produce the Health Fair.

MATERNAL AND PERINATAL WELFARE CONFERENCE

Upon recommendation of the MSMS Committee on Maternal Health, The Council recommended acceptance of the Clara Elizabeth Fund offer to finance future annual conferences.

MENTAL HEALTH COMMITTEE NEWSLETTER

Upon recommendation of the Mental Health Committee, The Council authorized the Committee to distribute two issues of a newsletter for the remainder of the committee year to physicians and lay people interested in mental health matters.

DISSOLUTION OF BEAUMONT MEMORIAL FOUNDATION

Upon recommendation of the Beaumont Memorial Foundation and with the advice of Legal Counsel, The Council accepted the assets of the Foundation and will appoint a committee to oversee the operation of existing assets in Beaumont House on Mackinac Island. Special thanks were given to Otto O. Beck, M.D., for his guidance and inspiration to the Beaumont project.

POLICY STATEMENT RE TRANSFER OF PROFESSIONAL SERVICE BENEFITS TO BLUE CROSS CONTRACTS

The Council adopted a policy statement objecting to transfer of professional service benefits to Blue Cross contracts and transmitted this statement to the boards of Michigan Hospital Service and Michigan Medical Service by appropriate letter.

STUDY OF AMA CONCEPT OF PUBLIC HEALTH

The Council adopted recommendations for altering the 1962 AMA House of Delegates definition and concept of public health.

PRINCIPLES AND GUIDELINES FOR PHARMACEUTICAL SERVICES IN HOSPITALS

Following thorough review of principles developed by the Michigan Hospital Association and Michigan Pharmaceutical Association, The Council authorized the Michigan Hospital Association to indicate MSMS approval of these suggested Principles and Guidelines.

PUBLICATION OF MSMS DIRECTORY

Upon recommendation of the Publication Committee The Council authorized the MSMS Directory to be published in October and that efforts be made to sell advertising space in this publication.

NATIONAL ASSOCIATION OF SCIENCE WRITERS

The Council approved of Scientific Editor C. J. Tupper, MD, becoming a member of this organization.

REPORT ON CONGRESS ON MENTAL ILLNESS AND HEALTH

The Council received a detailed report of the MSMS Congress on Mental Illness and Health held in Detroit in June. The Council expressed high commendation to Edward H. Rodda, M.D., and Benjamin Jeffries, M.D., and the MSMS staff who contributed in making the Congress a success.

PRELIMINARY DRAFT OF THE ANNUAL REPORT OF THE COUNCIL

The Council approved the preliminary draft of the Annual Report of The Council to be presented to Delegates and Alternate Delegates at Councilor Conferences. The final Annual Report of The Council will be presented to the Delegates at the 1964 Session.

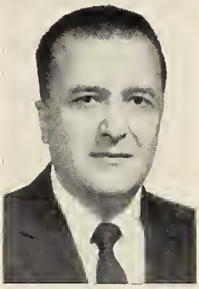
Michigan Physicians Head National Organizations

Two Michigan men recently were installed as presidents of national specialty organizations.

Brock E. Brush, M.D., Detroit, is serving as president of the American Geriatrics Society.

D. Emerick Szilagyi, M.D., Detroit, is president of the International Cardiovascular Society.

B. E. Brush, M.D.



D. Emerick Szilagyi, M.D.

Three other Michigan physicians were named at the AMA Section Meetings in San Francisco to major offices.

E. Richard Harrell, Jr., M.D., Ann Arbor, is Vice Chairman of the Dermatology Section; Muir Clapper, M.D., Detroit, Secretary of Internal Medicine Section, and Harold J. Magnuson, M.D., Ann Arbor, Vice Chairman of Preventive Medicine Section.

Niagara Gets Copy Of Cornwell Painting

Visitors at the Old Fort Niagara, New York, beginning this month will see a reproduction of Dean Cornwell's famous painting, "Beaumont and St. Martin."

Wyeth Laboratories, which gave the original Cornwell painting to MSMS for the Beaumont Memorial at Mackinac Island, recently gave a copy of it to the Medical Society of the County of Niagara for the old fort there.

Doctor Beaumont served at Fort Niagara after he served at Mackinac.

ON AMA CALENDAR

The AMA Residency Review Committee for Psychiatry and Neurology, of the Council on Medical Education, will meet at the Whittier Hotel, Detroit, October 9-10.

U-M NAMES RESEARCH VEEP

A. Geoffrey Norman, professor of botany and director of the U-M Botanical Gardens, began duties August 1, as the Vice President for Research of the University of Michigan. During the past year, Professor Norman has been on leave in Washington acting as Advisor on the Life Sciences to the President of the National Academy of Sciences.

PROGRAMS FOR ANCILLARY GROUPS

Added Detroit Highlights, September 23-24-25

Wednesday, September 23

THE MSMS SECTION ON ANESTHESIOLOGY AND THE MICHIGAN SOCIETY OF ANESTHESIOLOGISTS will meet jointly on Wednesday, September 23, 1964, beginning with reception and luncheon meeting at 12:00 noon in the East-West Room of the Sheraton-Cadillac Hotel in Detroit, Virginia Apgar, M.D., of New York City, will talk on "What the Anesthesiologist Can Contribute to the Welfare of the Newborn."

For reservations, contact John D. Snider, M.D., 1810 Wealthy St., S.E., Grand Rapids.

THE MSMS SECTION ON DERMATOLOGY will meet on Wednesday, September 23, 1964, beginning with luncheon at 12:00 noon in the Sheraton Room of the Sheraton-Cadillac Hotel in Detroit. Carl E. Arbesman, M.D., of Buffalo, New York, will talk on "Allergy to Drugs."

For details and luncheon reservation, please write Secretary Robert J. Schoenfeld, M.D., 794 N. Woodward Ave., Birmingham.

THE MICHIGAN DIABETES ASSOCIATION will hold its Annual Scientific Session on Wednesday, September 23, 1964, at the Sheraton-Cadillac Hotel in Detroit.

Program

Afternoon Meeting

P.M.

1:30-4:30—Boulevard Room

1:30 *Moderator:* Keats K. Vining, Jr., M.D., Grand Rapids, Chairman, Clinical Division
Harvey C. Knowles, Jr., M.D., Professor of Medicine, University of Cincinnati College of Medicine.
"Relationship of the Control of Diabetes to the Angiopathies of Diabetes."

2:00 Victor E. Pollack, M.D., Department of Medicine, Presbyterian St. Luke's Hospital, Chicago, Illinois.
"The Renal Complications of Diabetes."

2:30 John Bryan, M.D., Department of Endocrinology and Metabolism, Henry Ford Hospital, Detroit.
"Problems in Early Treatment of Diabetes"

3:00 Rachmiel Levine, M.D., Professor and Chairman, Department of Medicine, New York Medical College, New York City.
"The Biochemical Lesions of Diabetes Mellitus."

3:30 Panel discussion by essayists on
"Is 'Control' Really Control?"

Evening Sessions

6:00 Reception—Washington Room

7:00 Dinner—Woodward Room
Master of Ceremonies:
John Bryan, M.D., President, Michigan Diabetes Association
Speaker:
Rachmiel Levine, M.D., New York City

* * *

For details, and reservation for the dinner, contact Keats K. Vining, Jr., M.D., 3919 John R., Detroit 1.

THE MSMS SECTION ON GASTROENTEROLOGY AND PROCTOLOGY will meet on Wednesday, September 23, 1964, beginning with luncheon at 12:30 p.m. in the Washington Room of the Sheraton-Cadillac Hotel, Detroit. The speaker is Howard F. Raskin, M.D., of Baltimore, who will present "Frustrations and Successes in the Detection of Occult Bleeding Sites of the Gastrointestinal Tract."

For full details and luncheon tickets, please write Chairman Joseph Rinaldo, Jr., M.D., Henry Ford Hospital, Detroit 2.

THE MSMS SECTION ON GENERAL PRACTICE will meet on Wednesday, September 23, 1964 at 5:30 p.m. in the Boulevard Room of the Sheraton-Cadillac Hotel in Detroit. George B. Logan, M.D., of Rochester, Minnesota, will speak on a topic of value in the generalist's care of the pediatric patient.

The Board of Directors of the **MICHIGAN ACADEMY OF GENERAL PRACTICE** will meet on Wednesday, September 23, 12:00 noon luncheon-meeting in the Mason Room of the Sheraton-Cadillac Hotel in Detroit.

THE MSMS SECTION ON INTERNAL MEDICINE will meet on Wednesday, September 23, 1964, beginning at 5:45 p.m. and followed by a reception at 7:00 p.m. in the East and West Rooms of the Sheraton-Cadillac Hotel in Detroit. The speaker is Paul M. Seebohm, M.D., of Iowa City, Iowa, who will talk on "Bronchial Asthma with Emphysema vs. Emphysema with Asthmatic Bronchitis."

For details please write Clayton K. Stroup, M.D., 2002 E. Court, Flint 3.

THE MSMS SECTION ON NERVOUS AND MENTAL DISEASES AND THE MICHIGAN SOCIETY OF NEUROLOGY AND PSYCHIATRY AND MICHIGAN DISTRICT BRANCH, AMERICAN PSYCHIATRIC ASSOCIATION will meet jointly on Wednesday, September 23, 1964, beginning with cocktails at 6:00 p.m. and followed by a dinner and meeting in the English Room of the Sheraton-Cadillac Hotel in Detroit. Robert A. Kimmich, M.D., Lansing, Director of the Michigan Department of Mental Health, will present "Michigan's Mental Health—1965." The discussants are Peter A. Martin, M.D. and Benjamin Jeffries, M.D., of Detroit.

For details and dinner ticket please contact Victor W. Kershul, M.D., Box A, Ypsilanti.

THE MICHIGAN ORTHOPAEDIC SOCIETY will meet on Wednesday, September 23, 1964, at the University Club in Detroit. Reception at 6:30 p.m. and dinner at 7:30 p.m. The speaker is James B. Wray, M.D., Syracuse, on "Clinical Applications of Recent Research in Fracture Healing."

THE MSMS SECTION ON OTOLARYNGOLOGY AND THE DETROIT OTOLARYNGOLOGY SOCIETY will meet on Wednesday, September 23, 1964, beginning with cocktails at 6:00 p.m., dinner at 7:00 p.m., and a Section business meeting of the Detroit Otolaryngology Society. Speaker of the evening is Fred W. Alexander, M.D., of Cleveland, Ohio, who will talk on "Irradiation and the Larynx". The entire meeting will be held in the Sheraton Room of the Sheraton-Cadillac Hotel in Detroit.

For details write D. F. Weaver, M.D., 571 Fisher Building, Detroit 2. Dinner ticket can be purchased at the time of the dinner.

THE MICHIGAN ACADEMY OF PHYSICAL MEDICINE AND REHABILITATION will meet on Wednesday, September 23, 1964, for a 6:00 p.m. dinner-meeting in Rooms 907 and 908 of the Sheraton-Cadillac Hotel in Detroit.

For details please contact Frederic B. House, M.D., St. Joseph Mercy Hospital, Ann Arbor.

THE MSMS SECTION ON OBSTETRICS AND GYNECOLOGY will meet on Wednesday, September 23, beginning with luncheon at 12:00 noon in the English Room of the Sheraton-Cadillac Hotel, Detroit. Following luncheon, J. Robert Willson, M.D., of Ann Arbor, will talk on "The Responsibility of the Physician in Family Planning." The meeting will adjourn at 2:00 p.m.

For details and luncheon ticket, please contact Secretary Russell J. Paalman, M.D., 36 Sheldon Avenue, S.E., Grand Rapids 2.

THE MSMS SECTION ON PUBLIC HEALTH AND PREVENTIVE MEDICINE will meet on Wednesday, September 23, 1964, in Rooms 807-808 Sheraton-Cadillac Hotel, Detroit, beginning with cocktails at 12:30 p.m., luncheon at 1:00 p.m., to be followed by a talk to be presented by Robert A. Kimmich, M.D., Lansing, the new Director of the Michigan Department of Mental Health, who will discuss the physician's responsibility in the preventive mental health program.

For details and luncheon ticket, please contact Chairman G. Frederick Moench, M.D., 301 W. Main St., Midland.

THE MSMS SECTION ON RADIOLOGY AND THE DETROIT ROENTGEN RAY SOCIETY will meet jointly on Wednesday, September 23, 1964, beginning with cocktails and dinner at 6:15 p.m. in the Grand Ballroom of the Sheraton-Cadillac Hotel in Detroit. Speaker of the evening is Robert D. Moseley, Jr., M.D., of Chicago, Illinois.

For details and dinner ticket, please write Karl K. Latteler, M.D., 15025 West Eight Mile Road, Detroit 35.

THE MSMS SECTION ON SURGERY will meet on Wednesday, September 23, 1964, beginning with cocktails and dinner at 5:30 p.m. in the Book-Casino of the Sheraton-Cadillac Hotel in Detroit. Speaker of the evening is Robert P. Gilbert, M.D., of Evanston, Illinois.

For details and dinner ticket please contact Benjamin E. Henig, M.D., at Grayling, Michigan. Wives, husbands and escorts are invited.

WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE ALUMNI ASSOCIATION—The Wayne State University School of Medicine Alumni Association will hold an Open House on Wednesday, September 23, at the Sheraton-Cadillac Hotel in the Wayne State University Alumni Suite. Representatives of the University will be in attendance. All alumni, faculty, and friends are cordially invited. Cocktails and hors d' oeuvres will be served from 4:00 p.m. to 6:00 p.m.

The Wayne State University School of Medicine Alumni Association will also maintain a Headquarters Suite in the Hotel on September 23 and 24.

THE JOINT MEETING OF THE MSMS SECTION ON UROLOGY AND THE DETROIT BRANCH OF THE AMERICAN UROLOGICAL ASSOCIATION will be held on Wednesday, September 23, 1964, beginning at 2:00 p.m. at the Wayne County Medical Society, Detroit.

Reception and dinner meeting will begin at 5:30 p.m.

THE MICHIGAN PROCTOLOGIC SOCIETY will hold a dinner and business meeting on Wednesday, September 23, in Rooms 807-808 of the Sheraton-Cadillac Hotel, Detroit.

For details, please contact T. C. Arminski, M.D., 1066 Fisher Building, Detroit 2.

According to Lynn A. Ferguson, M.D., the **ALPHA KAPPA KAPPAS** will get together on Wednesday, September 23. Definite arrangements will be announced at a later date.

Thursday, September 24

THE MSMS SECTION ON OCCUPATIONAL MEDICINE will meet on Thursday, September 24, 1964, beginning at 5:00 p.m. and followed by a reception at 6:00 p.m. in the Washington Room of the Sheraton-Cadillac Hotel in Detroit. Speaker of the evening is Harold J. Magnuson, M.D., of the Institute of Industrial Health in Ann Arbor. Doctor Magnuson will talk on "Training in Occupational Medicine."

For details please write W. L. Berridge, Jr., M.D., Chevrolet Motor Company, Livonia.

THE MSMS SECTION ON OPHTHALMOLOGY will meet on Thursday, September 24, 1964, beginning at 5:30 p.m. and followed by a reception at 6:30 p.m. in the Sheraton Room of the Sheraton-Cadillac Hotel in Detroit. Malcolm A. McCannel, M.D., Minneapolis, Minnesota, will talk on "Tropical Ophthalmology."

For details, please contact James L. Frey, M.D., 1553 Woodward Avenue, Detroit.

THE MICHIGAN ACADEMY OF PLASTIC SURGERY will meet on Thursday, September 24, 1964, in the East and West Rooms of the Sheraton-Cadillac Hotel in Detroit, beginning at 4:00 p.m., with a reception at 6:00 p.m. and dinner at 6:30 p.m. There will also be an evening meeting from 7:00 to 9:00 p.m.

For details, please write Ralph Blocksma, M.D., 245 State St., S.E., Grand Rapids.

THE MICHIGAN CHAPTER, COMMITTEE ON TRAUMA, AMERICAN COLLEGE OF SURGEONS will meet on Thursday, September 24, 1964, beginning with a 12:30 p.m. reception and luncheon in the Sheraton Room of the Sheraton-Cadillac Hotel in Detroit.

For details, write Franklin V. Wade, M.D., 1121 Mott Building, Flint.

THE VANDERBILT ALUMNI ASSOCIATION will meet for a luncheon-meeting at 12:00 noon on Thursday, September 24, 1964, in the Washington Room of the Sheraton-Cadillac Hotel in Detroit.

Friday, September 25

THE MSMS SECTION ON PATHOLOGY AND THE MICHIGAN SOCIETY OF PATHOLOGISTS will meet jointly on Friday, September 25, 1964, beginning with a business meeting at 10:00 a.m. in the Boulevard Room of the Sheraton-Cadillac Hotel in Detroit. A reception and luncheon is scheduled for 12:30 p.m.—the reception will be in the Sheraton Room with luncheon in the Washington Room. The 2:00 to 5:00 p.m. afternoon meeting will be held in the Woodward Room. At this time, Leopold G. Koss, M.D., Attending Pathologist, and Chief, Cytology Service, Memorial Hospital for Cancer and Allied Diseases, New York City, will conduct a seminar on "Diagnostic Cytology." The seminar will deal with problems of diagnosis based on microscopic examination of cells. Eighteen illustrative cases will be presented covering various applications of the cytologic techniques. For details and reservation, please contact James G. Wolter, M.D., 6071 W. Outer Drive, Detroit.

THE MSMS SECTION ON PEDIATRICS AND THE MICHIGAN BRANCH OF THE AMERICAN ACADEMY OF PEDIATRICS will meet jointly on Friday, September 25, 1964, at the Sheraton-Cadillac Hotel in Detroit.

Program

Afternoon Meeting

P.M.

2:00 to 5:00 Grand Ballroom
Panel discussion on "Endocrine Problems in Adolescence"

Moderator: Richard R. Galpin, M.D., Clinical Instructor, Department of Pediatrics, Wayne State University School of Medicine, Detroit.

Panelists:

J. Roswell Gallagher, M.D., Chief of Adolescent Unit, Children's Medical Center, Boston, Massachusetts.
Lytt I. Gardner, M.D., Professor of Pediatrics, State University of New York College of Medicine, Syracuse, New York.
Joseph A. Johnston, M.D., Pediatrician-in-Chief, Henry Ford Hospital, Detroit.
Raymond C. Mellinger, M.D., Associate, Division of Endocrinology, Henry Ford Hospital, Detroit.

Topics:

Obesity in Girls and Boys and Hazards of Dieting
Hyperthyroidism
Menstrual Irregularities
Growth Abnormalities: "Too Tall," "Too Slow," et cetera
"Cerebral Gigantism!"

Evening Sessions

6:00 Reception—Book-Casino
7:00 Dinner—Book-Casino
8:00 "Adolescence in Modern and Ancient Times or Who Needs Sparta?"
Elton McNeil, Ph.D., Director of the University of Michigan Fresh Air Camp and Chairman of the Graduate Programs in Psychology, University of Michigan, Ann Arbor.

For details and dinner ticket, please contact Irving Posner, M.D., 20211 Greenfield Rd., Detroit 35. All Registrants at the MSMS Annual Session are cordially invited to attend.

1964 MSMS Annual Session Exhibitors

Abbott Laboratories
Aloe Medical, Division of Brunswick
Americana Corporation
Ames Company, Inc.
Armour Pharmaceutical Company
Astra Pharmaceutical Products, Inc.
Ayerst Laboratories

Borcherdt Company
Bristol Laboratories
The Borden Company
Burroughs Wellcome & Company

Carnation Company
Ciba Pharmaceutical Products, Inc.
Coca-Cola Company
Cottrell-Clarke, Inc.

Dome Chemical Incorporated
Doyle Pharmaceutical Company

Eaton Laboratories, Inc.
Encyclopaedia Britannica

Ferndale Surgical, Inc.

Geigy Pharmaceutical
Gerber Products Company
Great Books of the Western World

Hack Shoe Company

G. A. Ingram Company

Johnson & Johnson

Knoll Pharmaceutical Company
A. Kuhlman & Company

Lederle Laboratories
Eli Lilly & Company
J. B. Lippincott Company
Lloyd Brothers, Inc.
P. Lorillard Company

Maico Hearing Service
Marion Laboratories, Inc.
McNeil Laboratories, Inc.
Mead Johnson Laboratories
Medical Arts Supply Company
Medical Protective Company
Merck Sharp & Dohme
Meyer Laboratories
Michigan Medical Service

Ortho Pharmaceutical Corporation

Pacific Medical Equipment Company
Parke, Davis & Company
Procter & Gamble Company
Professional Management

Randolph Surgical Supply Company
R. J. Reynolds Tobacco Company
A. H. Robins Company, Inc.
Roche Laboratories
J. B. Roerig & Company
Wm. H. Rorer, Inc.

Ross Laboratories
Rupp & Bowman Company

Sanborn Company
Sandoz Pharmaceuticals
W. B. Saunders Company
Schering Corporation
Julius Schmid, Inc.
G. D. Searle & Company
Seven-Up Developers of Michigan
Smith Kline & French Laboratories
Smith, Miller & Patch, Inc.
E. R. Squibb & Sons
Strasenburgh Laboratories
Ben Stratton Insurance
The Stuart Company
Syntex Laboratories, Inc.

S. J. Tutag & Company

United States Tobacco Company
U. S. Vitamin & Pharmaceutical Corporation
The Upjohn Company

Wallace Laboratories
Warren-Teed Products Company
Westwood Pharmaceuticals
White Laboratories
Winthrop Laboratories, Inc.
W-T-S Pharmaceuticals

(More on Page 658)

The Doctor's Visit, Jan Steen 1626-1679, Mauritshuis, The Hague

In Diverticulosis and Diverticulitis...

METAMUCIL® brand of psyllium hydrophilic mucilloid

"Diverticulosis ...a low-roughage diet is advisable.... Constipation is avoided, preferably by the daily use of Metamucil.

"Diverticulitis Mild, chronic symptoms of diverticulitis, such as diarrhea or flatulence also are treated[1] by low-roughage diet, adequate fluid intake and Metamucil...."

Usual Adult Dosage: One rounded teaspoonful of Metamucil (or one packet of Instant Mix Metamucil) in a glass of cool liquid one to three times daily.

Metamucil is available as Metamucil powder in containers of 4, 8 and 16 ounces and as flavored Instant Mix Metamucil in cartons containing 16 and 30 single-dose packets.

1. Welch, C. E., Diverticula of the Alimentary Tract, in Conn, H. (editor): Current Therapy—1961, Philadelphia, W. B. Saunders Company, 1961, pp. 224-225.

SEARLE

Research in the Service of Medicine

WOMAN'S AUXILIARY, MICHIGAN STATE MEDICAL SOCIETY

Thirty-eighth Annual Meeting

Pick-Fort Shelby Hotel, Detroit
September 22-24, 1964

Program

Tuesday, September 22, 1964

M

12:00 Registration opens.

P.M.

1:30 Planning Conference and Executive Committee Meeting for 1963-64 and 1964-65 State Officers, Directors and Chairmen.

6:30 Past Presidents Banquet—Woman's City Club.

Wednesday, September 23, 1964

A.M.

9:00 Continental Breakfast.

9:30 Opening Session:

Call to Order: Mrs. R. J. Himmelberger, President.

Welcome: Mrs. John Rebugk, President, Wayne County Auxiliary.

Introduction of Convention Chairman: Mrs. Earl Weston, Chairman.

President's Address: Mrs. R. J. Himmelberger.

Reports of Officers

Program Session:

"Better Health—Better World" National Theme for 1964-1965, by State Committee Chairmen.

P.M.

12:30 Luncheon—Honoring Mrs. William Evans, President of the Woman's Auxiliary to the American Medical Association; Mrs. William Magkersie, Past President of the Woman's Auxiliary to the AMA; Mrs. Leo Parnagian, Past President of the Woman's Auxiliary to the Student AMA; Past Presidents of the Woman's Auxiliary of the Michigan State Medical Society; Representatives of the Michigan State Medical Society; the Wayne County Medical Society and Honored Guests.

Convention Address: Mrs. William E. Evans

Thurday, September 24, 1964

A.M.

9:00 Continental Breakfast.

9:30 General Session.

Memorial Service.

County Presidents' Reports, "The Year Past."

Election of Officers.

Meeting of the Executive Committee (1964-1965).

P.M.

12:30 Inaugural Luncheon.

Installation of Officers.

Inaugural Address—Mrs. Milton Weed.

2:30 Post Convention Board Meeting and Planning Session. For all 1964-1965 Elected Officers, District Directors, State Chairmen, and County Presidents.

MICHIGAN STATE MEDICAL ASSISTANTS SOCIETY

Fifteenth Annual Convention

The Statler-Hilton Hotel, Detroit
September 23, 24, 1964
"MEDICINE AND RELIGION"

Wednesday, September 23, 1964

A.M.

9:00 Registration—Ballroom Foyer.

10:00 House of Delegates Meeting—Wayne Room

10:15 Movie—"Poison Proofing Our Communities"—Ivory Room (Mr. Douglas Vivian).

P.M.

12:30 Luncheon—Grand Ballroom

Welcome—Mrs. Dorothy Brandis, President, MSMAS.

Speaker—Albert E. Heustis, M.D., State Health Commissioner, Lansing, Michigan.

Topic—"A Job To Be Done."

6:30 Social Hour—Courtesy Parke Davis and Co.—Michigan Room

7:30 Banquet—Wayne Room

Speaker: Edgar A. Guest, Jr., "On the Sunny Side of the Street."

Thursday, September 24, 1964

A.M.

9:00 Registration—Wayne Room Foyer

10:15 Panel: "The Patient Is a Whole Person." Moderated by Rev. Dr. Paul B. McCleave, Director of AMA Department of Medicine and Religion.

P.M.

12:30 Luncheon—Bagley Room

Speaker: Theodore John Lukens, M.D., Palos Verdes, California.

Topic: "What Complicates Your Life with Your Employer."

Presentation of Medical Assistant of the Year Award.

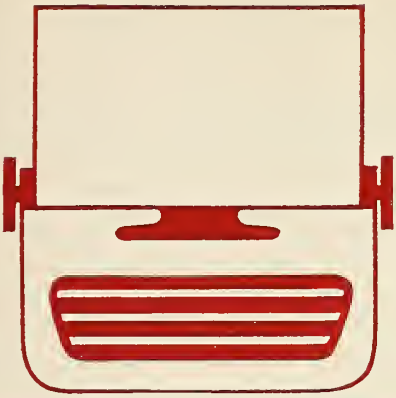
Presentation of Membership Trophy.

Presentation of Bulletin Award.

Presentation of Certificates for In-Service Training.

Installation of Officers—Mrs. Bettye Fisher, Past President, American Association Medical Assistants.

Address by Miss Phyllis Marquardt, Incoming President



EDITORIAL VIEWS

We Want Letters

By John J. Coury, M.D.,
Vice Chairman, Publication Committee

It has been said that there are at least five reasons that may motivate a person to write—

1. One writes because it is a form of creativity.
2. One writes because he has something to say.
3. One writes because he may sell the article.
4. One writes because he thinks he is an author.
5. One writes because he wants to be read.

Readership surveys almost always reveal that the "Letters to the Editor" column has the biggest following. Therefore, we invite any MSMS member to sit down and write a letter to the editor. Tell us your views on some issue. Write and take the other side of some question. Ask some questions about some current issue, et cetera.

If you do, you'll score well on Reason Number 5 above, to say nothing of Reasons 1, 2, and 4. (However, you will not cash in on Number 3!)

Merely address your letter to C. J. Tupper, M.D., Editor, MSMS, Box 152, East Lansing, Michigan.

Thanks, Doctor Beck

By Robert J. Mason, M.D.,
Vice Chairman, MSMS Council

The doctors of Michigan honored one of their greatest colleagues and at the same time provided a permanent educational exhibit for the thousands of visitors to Mackinac Island when it reconstructed there the American Fur Trading Store. As most doctors know, it was in this store that Alexis St. Martin, a French Voyageur, received a gunshot wound which developed into a fistula that in turn provided Dr. William Beaumont with an opportunity to study the digestive processes in the stomach.

From the beginning of this reconstruction of the Beaumont Memorial Building to the present has occupied nearly 15 years of time. Doctors such as Frederick A. Coller, Alfred H. Whittaker, L. Fernald Foster and many others deserve recognition for the inception and development of this educational project.

Although the entire project was carried out under the aegis of the Michigan State Medical Society the actual formulation and implementation of the plans was the handiwork of the Beaumont Foundation. Chairman of this Foundation from its beginning was Otto O. Beck, M.D., of Birmingham.

Dr. Beck recently asked The Council to accept the assets of the Beaumont Foundation which include the contents of the Beaumont Memorial and directly take over their supervision. The Council agreed to do so. Thus endeth the planning, building, equipping and the placing in operation of a significant educational project.

It is a job well done.

Although hundreds of doctors of medicine in Michigan contributed their money and many others were active in the work involved, the key man, the man who accepted the responsibility, made the decisions, worried about details and generally supervised the whole operation was Otto O. Beck, M.D.

The occasion for the change in operation and administration is an occasion well suited to an expression by the State Medical Society of its pride in Dr. Beck and its appreciation to him for his outstanding service.

Keeping Doctors Up to Date

(*New York Times*, July 12, 1964)

A series of articles in the current issue of *The Journal of the American Medical Association* testifies to the keen concern of the nation's medical profession with the enormous problem of keeping doctors up to date. The core of the difficulty is the rapid proliferation of new knowledge in every area of medicine. How is this new knowledge to be brought most rapidly and most effectively from the laboratories and other research centers where it is won to the firing line against illness and death—that is, to the points at which doctors and their patients come together?

Today the degree to which a physician in private practice keeps up to date depends largely on his own conscience, and the actual activities of individual physicians in this respect vary widely. At one extreme are physicians who devote great amounts of energy and time to keeping abreast of the latest developments in their areas of interest—regularly attending medical meetings, reading current journals, and, where necessary, taking special courses. At the other extreme, no doubt, there are doctors who do little in this direction and who try to carry on their work over long professional lifetimes primarily with the knowledge gained during medical school, interneship and residency.

The symposium in the American Medical Association's organ suggests a growing dissatisfaction with this situation. The proposal that doctors be required to take periodic requalifying examinations—say, once a decade—to attest their continuing competence has no great support at the present time, but it could gain partisans. The more desirable alternative is the self-regulation of physicians by their own fraternity, a self-regulation designed to assure that every doctor fulfills his obligation to keep abreast of new developments. Even with the best of will the task is not easy and it grows more difficult as the tempestuous advances of research continue year after year.

AMA-ERF Aid Appreciated

By Lyman J. Smith,
AMA-ERF Director of Programs

Last year a young physician in St. Clair Shores wrote to the AMA Education and Research Foundation.

"Supporting a family and living a semi-comfortable life on an intern's stipend," he said "would be impossible were it not for your aid."

He said, further, that he had been able "to select an internship at a hospital where the training is excellent and the financial aspect moderate."

A. Kent Williams, M.D., now with the Navy in the Pacific, is one of thousands of medical students, interns and residents across the country who have been helped by AMA-ERF. The "aid" they have received, however, involves no subsidy. Rather, it is the chance to pay for their own medical training by borrowing money from banks on a long-term basis. Without the AMA-ERF Loan Guarantee Fund serving as collateral, most trainees would not be able to obtain such loans. In just two years, AMA-ERF had guaranteed nearly 13,000 loans worth more than $15 million in principal. In Michigan alone, as of December 31, 350 loans totalling $411,300 had been made.

The enthusiastic response with which young men and women in training greeted this program has not abated. Loan applications continue to pour in at a rate of well over 500 every month.

To keep pace with this demand, contributions still are needed for the Loan Guarantee Fund, which now exceeds $2 million. Banks can lend $12.50 for every $1 in the Fund. So far, industry has matched physician contributions dollar for dollar in building this Fund. Thus, your contribution is worth not $12.50 but $25 on the dollar when it provides incentive for corporate giving.

The Other AMA

In the minds of the public and of too many of our colleagues, the American Medical Association is identified as a political and economic organization.

It is of paramount importance that we recognize the social and educational contributions that our society has made as well. With the establishment of the AMA Medical Student Loan Fund, a clear demonstration has been made of the fact that private enterprise and voluntary effort can move effectively to solve a major problem.

Now the American Medical Association, through its establishment of the new Biomedical Institute, is demonstrating that research of the most basic type can also be accomplished on the basis of private enterprise without federal support. In an effort to promote all-out inquisitiveness at its Institute for Biomedical Research, now under construction, the AMA has decided to submerge business practices in favor of scientific independence. Roy E. Ritts, M.D., Director of the Institute, has stated, "We intend, as nearly as possible, to supply the investigator with whatever he feels is necessary to his work, then leave him alone to work as he sees fit."

One of the unique features of the Institute, which opens next year, will be the absence of research grants. Research grants have added great impetus to research in the past but have been criticized as being too confining, as committing a scientist to a pre-determined line of inquiry, and as being increasingly complicated by paper work, cost accounting, time studies, etc. Interferences of this type will not bother the scientist appointed to the Biomedical Institute. These scientists will receive "superior salaries," will hold lifetime positions if they so choose, and will be furnished all equipment and facilities they need. The scientists' only obligation will be to prepare a budget and work summary once a year and to attend staff seminars. His only restriction will be that his work must fall somewhere within the definition of "fundamental inquiries into basic life processes." The emphasis will be on basic original research and any discoveries will be offered free to all.

Once again, we have reason to look upon our membership in the American Medical Association with pride, as it continues its effort to develop new knowledge for the betterment of mankind.

Ask Counties Work Now On Centennial News

How effective the spotlight can be focused on the medical profession in Michigan during the MSMS Centennial in 1965-66 will depend upon each county society to a large degree.

It is time now for each county society to appoint a member or committee to check through the past century of service and obtain some story material.

What happened in your county in the past century to make medical history?

The history of medicine in Michigan is primarily a collection of these stories from the different counties. The full news media attention to the MSMS Centennial is a year away, so now is the time to do some research. Surely, you have a member or two who would enjoy such an opportunity.

MSMS will provide suggestions later to county societies suggesting ways to tie in their local medical histories with MSMS Centennial promotion.

LIST CALHOUN CLINIC SPEAKERS

The Calhoun County Medical Society announces an excellent program for the South Western Michigan Clinic Day, November 5, in Battle Creek.

This annual all-day meeting will present: Richard Bing, M.D., Detroit; Richard C. Lillehei, M.D., Minneapolis; Robert Good, M.D., Minneapolis; F. Mason Sones, M.D., Cleveland; Robert Zeigler, M.D., Detroit; Harold F. Falls, M.D., Ann Arbor; Jeremiah Stammler, M.D., Chicago, and William Hollander, M.D., Boston.

NORTHERN MICHIGAN TEACHES SAFETY

One of the fine community service projects this past summer was the Northern Michigan Medical Society co-sponsorship of courses for county water safety personnel, fire, police, sheriff's officers and other rescue personnel.

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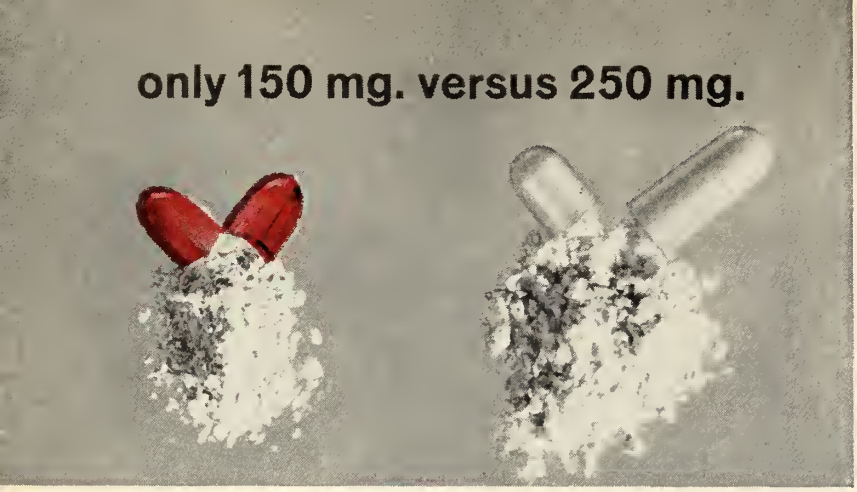
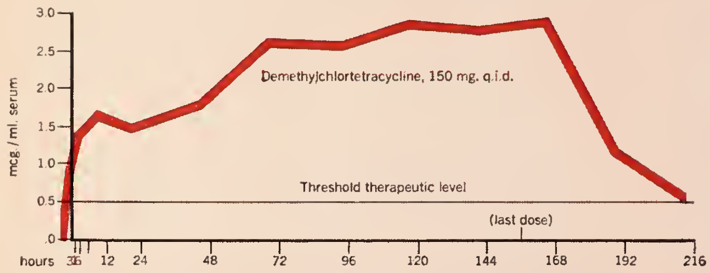


higher activity levels than other tetracyclines



From Sweeney, W. M.; Dornbush, A. C., and Hardy, S. M.: *Amer. J. Med. Sci.* 243:296 (Mar.) 1962.

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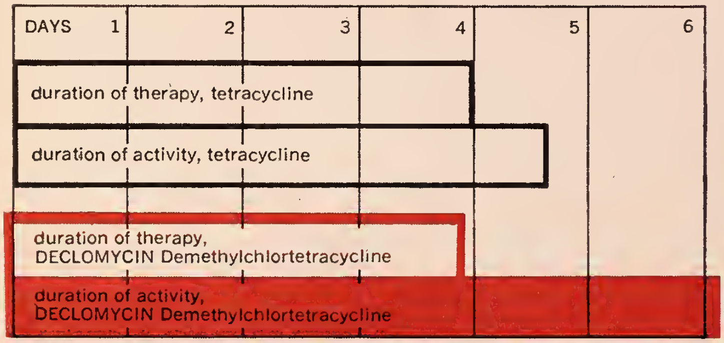

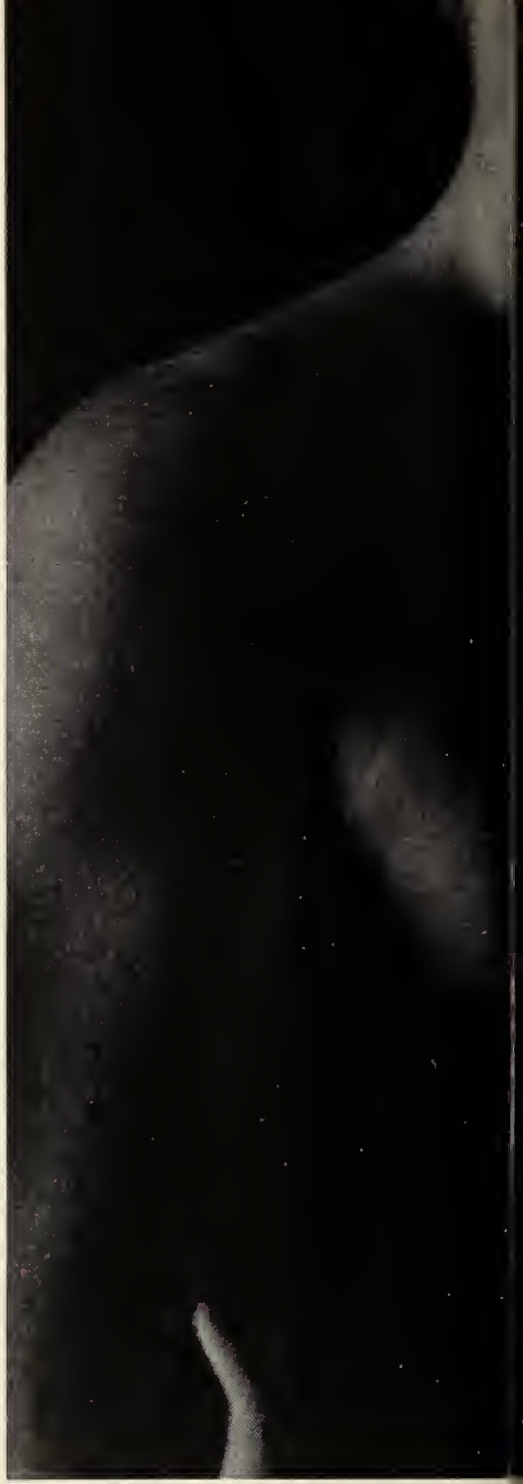

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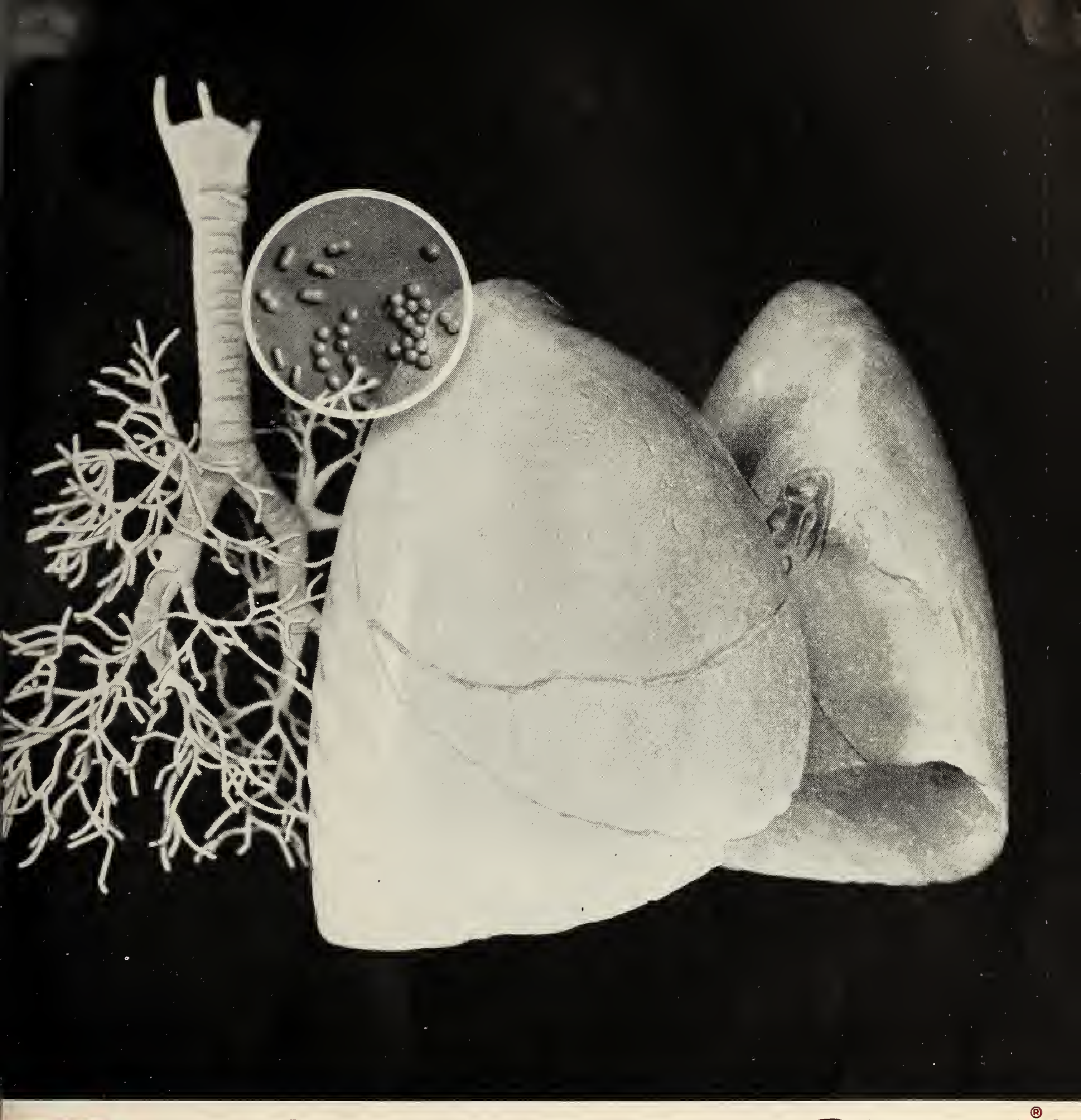

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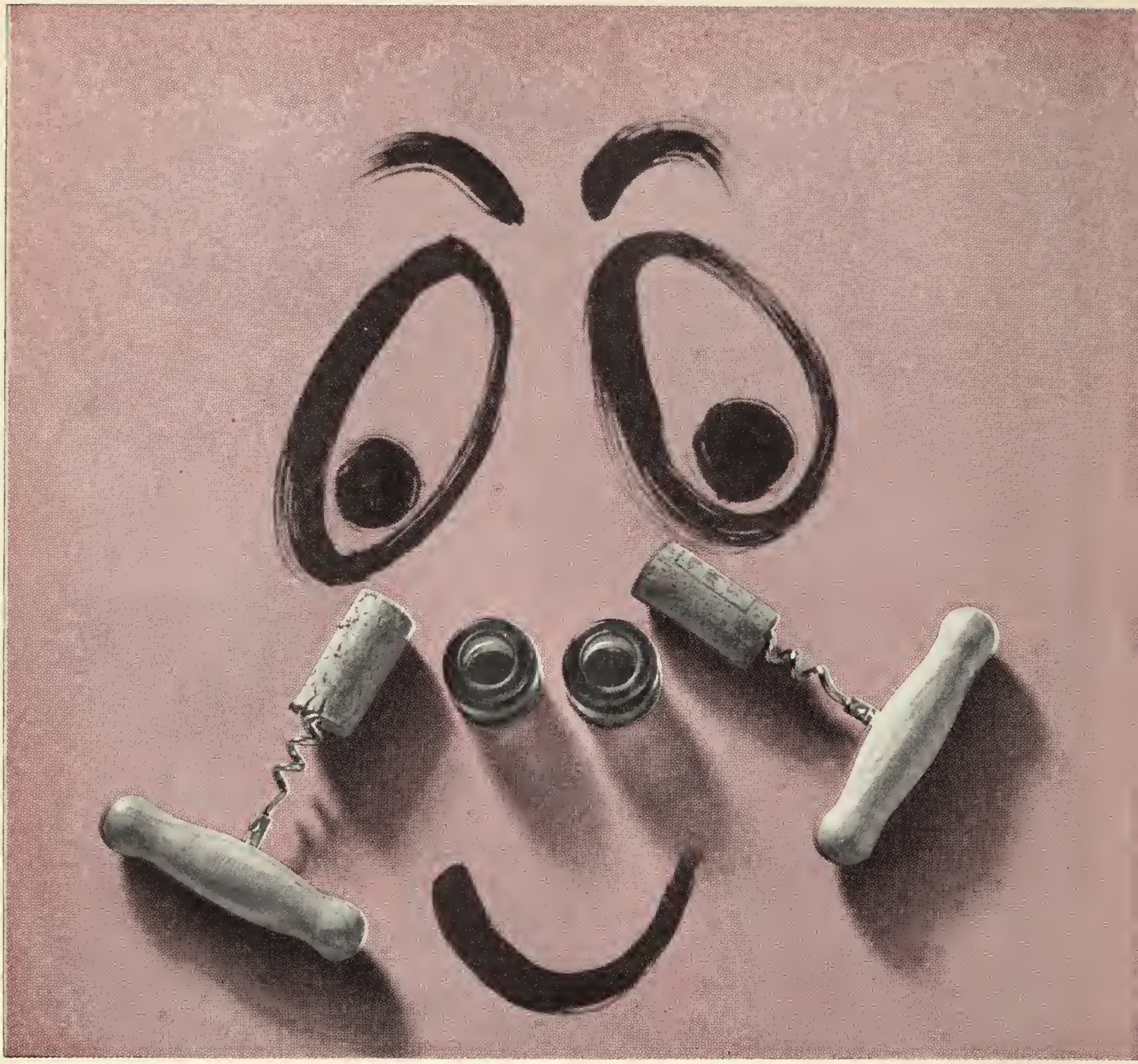

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*Clinical report on file, Medical Department, A. H. Robins Co., Inc.

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289 Michigan Students Enter Two Medical Schools

A total of 289 Michigan students are among the 328 incoming first-year medical students selected by the University of Michigan and Wayne State University for this coming fall. Michigan selected 174 state residents while Wayne chose 115 from Michigan cities.

Of the 39 non-Michigan residents admitted, two are from foreign countries.

A study of the reports from the two Schools of Medicine reveals that 99 of the 203 admitted at Ann Arbor are from the University of Michigan; while 43 of the 125 at Wayne are from Wayne State University.

Both medical schools reported an increase in applications. The University of Michigan chose the 203 from 1,140 applicants, while Wayne had 700 applicants.

U-M DETAILS

Other Michigan schools contributed students to the U-M Medical School as follows: Wayne State University 7; Michigan State University 17; University of Detroit 2; Eastern Michigan University 2; Western Michigan University 4; Albion 5; Hope 7; Calvin 6; Northern Michigan 1; Alma 2; Kalamazoo 3; Michigan College of Mining and Technology 2; General Motors Institute 1; Aquinas 1; Hillsdale 1. Two are from foreign countries.

WSU DETAILS

Twenty-five of the 125 will enter the School of Medicine under its 2-4-2 Program. Under this program the first two years of a student's college education are spent at any accredited college of liberal arts and are directed at completion of both liberal arts college and pre-medical requirements. The next four years are divided between the Wayne State University College of Liberal Arts and the School of Medicine and are devoted to an integrated program of study leading to the bachelor's degree and completion of basic medical sciences. The final two years of medical training are spent in clinical training at the School of Medicine and in its affiliated hospitals and clinics.

Students coming from other Michigan schools are: University of Detroit 7; Michigan State University 5; Albion College 6; University of Michigan 21; Hope College 4; Kalamazoo College 4; Western Michigan University 2; Eastern Michigan University 2; Calvin College 2; Central Michigan University 1.

Michigan Women to Hear National Auxiliary President

For the first time in several years, the president of the Woman's Auxiliary to the AMA will speak at the annual convention of the Michigan Auxiliary.

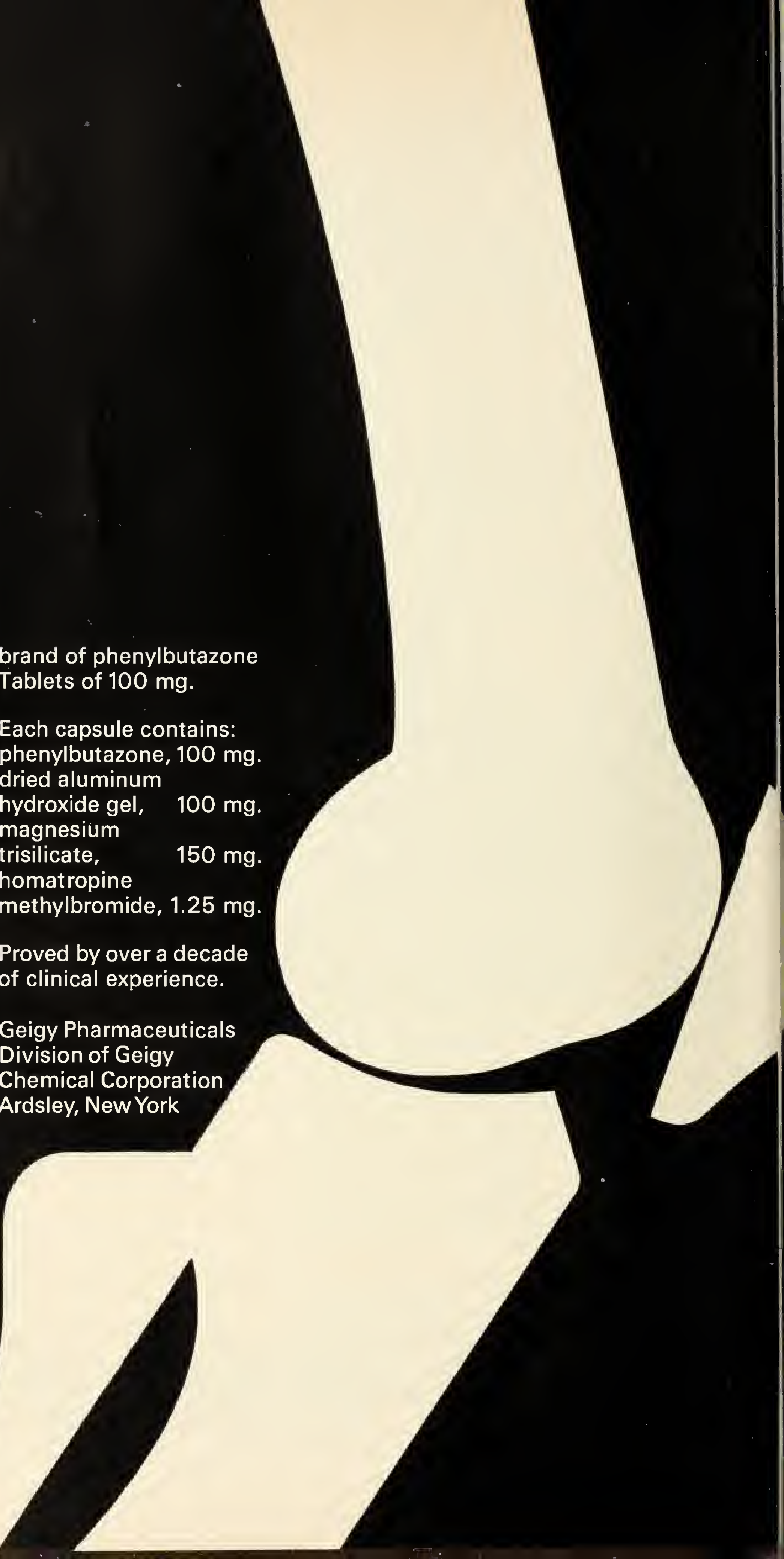
The convention program for the Woman's Auxiliary to MSMS will offer Mrs. William H. Evans as a speaker, Wednesday afternoon, Sept. 23. The Auxiliary will hold its annual convention at the Pick-Fort Shelby Hotel, Detroit, September 22-24. Mrs. Evans will come here from Youngstown, Ohio, where her husband is an Ophthalmologist and Otolaryngologist. A past president of the Ohio Auxiliary, she has been a chairman or officer on the national level since 1957.

Rev. McCleave Coming To MSMAS Convention

Rev. Dr. Paul B. McCleave, director of the new AMA Program in Religion and Medicine, will speak at the Annual Convention of the Michigan State Medical Assistants Society in Detroit, September 23-24. Rev. McCleave spoke to the MSMS County Secretaries-Public Relations Seminar in February and has met with the new MSMS Committee on Religion and Medicine.

All medical assistants—whether they are members of MSMAS or not—are invited by Mrs. Dorothy M. Brandis, President, to attend the convention at the Statler-Hilton Hotel.

ANCILLARY SECTION



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MSMS Centennial Series: 1943, 1944

Michigan Health Council Is Organized

1943

Before taking up the wartime events of 1943, I would like to put down something about Doctor Cummings. He was one of the few Past Presidents who answered the questionnaire sent to them for information for this historic series. I think his reply reflects the character of the man himself and his work during his administration.

The question was, "What were the notable medical events during your term?"

Here is his answer:

"Postgraduate Conference on War Medicine; Spring and Fall teaching centers conducted in five centers in the Northern Peninsula; Protection of the health interests of the people of Michigan with one-third of our doctors in Service and the Government attempting to care for the wives and families of soldiers, obstetrical care and pediatrics with compensation to the doctors without consulting the medical profession. Establishment of Foundation for the advancement of Medical Education in Michigan.

"I take no credit for the activities advanced by the Michigan State Medical Society during this war period. I only am grateful that it was my privilege to serve the physicians of Michigan, the government of my country and the people of the State of Michigan."—H. H. Cummings, M.D.

A fine record I think.

* * *

MILITARY POSTGRADUATE courses were started in 10 medical schools including the University of Michigan. A large number of doctors were sent to postgraduate studies for a few weeks before going into service.

The Annual Meeting of The Council was held in Detroit on January 16 and 17, 1943. The following were the highlights:

1. Membership of the MSMS at an all time high was 4,714.
2. 1,500 Michigan doctors were serving in the Armed Forces.
3. Industrial Medical and Surgical Clinic, April 8 in Detroit, approved.
4. Study of post-war postgraduate programs and special medical refresher courses recommended.
5. Integration of all medical postgraduate programs in Michigan recommended.
6. Proposed amendment to the Michigan Medical Practice Act, to permit licensing of graduates of wartime telescoped medical courses approved.

The Survey of Medical Service Available for Civilians conducted through County Medical Society Secretaries in January found 18 secretaries reported critical shortages of doctors in certain areas; and 10 secretaries reported abnormal increases in population and the need to relocate 66 physicians.

* * *

RESTORATION OF THE historic early house on Mackinac Island as a memorial to William Beaumont, M.D., was assured when the ownership of the property passed from private hands to the Mackinac Island State Park Commission. Purchase of the Early House had long been a project of both the Mackinac Island State Park Commission and the MSMS. Completion of the purchase was accomplished in November.

Unprecedented in the history of Michigan was the joint meeting of the executives of the MSMS and the Michigan Hospital Association held on July 17. An important program of joint activity and endeavor, to which officers of Michigan Hospital Service and Michigan Medical Service also subscribed, were outlined by spokesmen and referred to a joint committee as a result of this meeting.

MSMS vigorously opposed the Wagner-Murray Bill, which called for one man to direct the nation's medical care. He would be given 3 billion dollars initially to implement the scheme. This would be complete socialization.

The 78th Annual Meeting of the MSMS called a Postgraduate Conference on War Medicine was held in Detroit, September 22-24. Twenty-two out-of-state guest essayists were present.

The Board of Supervisors of Wayne County es-

The Author
WILLIAM J. STAPLETON, JR., M.D.
MSMS Historian

Leading up to the MSMS Centennial in 1965, The Journal *is printing a series of articles by William J. Stapleton, Jr., M.D, Detroit, who is the MSMS Historian. This series began in the September, 1963, number of* The Journal *and will continue through August, 1965.*

H. H. Cummings, M.D.
MSMS President, 1942-43

C. R. Keyport, M.D.
MSMS President, 1943-44

tablished a full-time County Health Department, May 1, 1943. This was the 69th county to provide this service.

The Barbituric Control Bill experienced a stormy time in the 1943 Michigan Legislature. The controversy centered around the word administration—the House refused to include the word and the Senate would not pass the bill without the word. Finally, the Conference voted to include the word.

* * *

THE MSMS AND THE State Bar of Michigan united in a campaign against venereal disease. Representatives of both these professional organizations met May 23 and appointed a joint committee to devise ways and means to control venereal diseases by education, by legislation, and by increasing necessary hospital facilities.

The Council held a conference with representatives of the Bureau of Maternal and Child Health of the State Department of Health and discussed the federal program of rendering aid to the wives of men in service. The Council took the following stand: that the MSMS should co-operate in a plan provided (1) that the program terminate 6 months after the end of the present war, (2) that the physician-patient relationship on a fee basis be maintained, and (3) that the forms be simplified. The Council disapproved the features of the present plan which placed a bureaucrat between the patient and her doctor.

1944

As of April, there were 2,175 Michigan doctors in the Armed Forces of the United States. This shows that Michigan doctors were doing their share of work.

Among the matters of interest during the year was the special assessment for 1944 for educational purposes, which was levied by the Michigan State Medical Society House of Delegates the previous September. Membership cards were issued only upon payment of $22 to the State Society, representing the regular dues and the special assessment.

The mid-winter meeting of The Council was held in Ann Arbor. The following was a digest of their action:

1. Membership of the MSMS was at an all time high—4,786.
2. Psychiatric Clinic in connection with the Wayne State University School of Medicine discussed.
3. Second Annual Postgraduate Industrial Medical and Surgical Conference was scheduled for April 6 in Detroit.

* * *

ACTING UPON instructions of the 1943 House of Delegates, The Council endeavored to obtain certain modifications of the bureaucratic orders governing the distribution of care under the Emergency Maternity and Infant Care Program. Negotiations had been in progress since May 22, 1943. The Executive Committee reported in February that no agreement could be made.

Departing from traditional standards so "the general public may have a more intimate knowledge of the great contributions and tireless efforts of the doctors who serve them," MSMS entered the field of promotion via radio. Stressing the importance of maintaining the private practice of medicine and of increasing the use of prepayment medical and hospital plans, the Society sponsored a series of thirteen weekly programs on 12 stations.

The Michigan Physicians Committee, a branch of the National Physicians Committee, was organized at a meeting held in Detroit on October 11. Representatives from the MSMS Councilor Districts were present at the meeting. The Michigan Physicians Committee will work in the interest of better medicine, the preservation of all that is valuable in the present American type of private practice, together with the encouragement of supplemental features, where needed, to the end that good medical care is distributed to all in the State who need it.

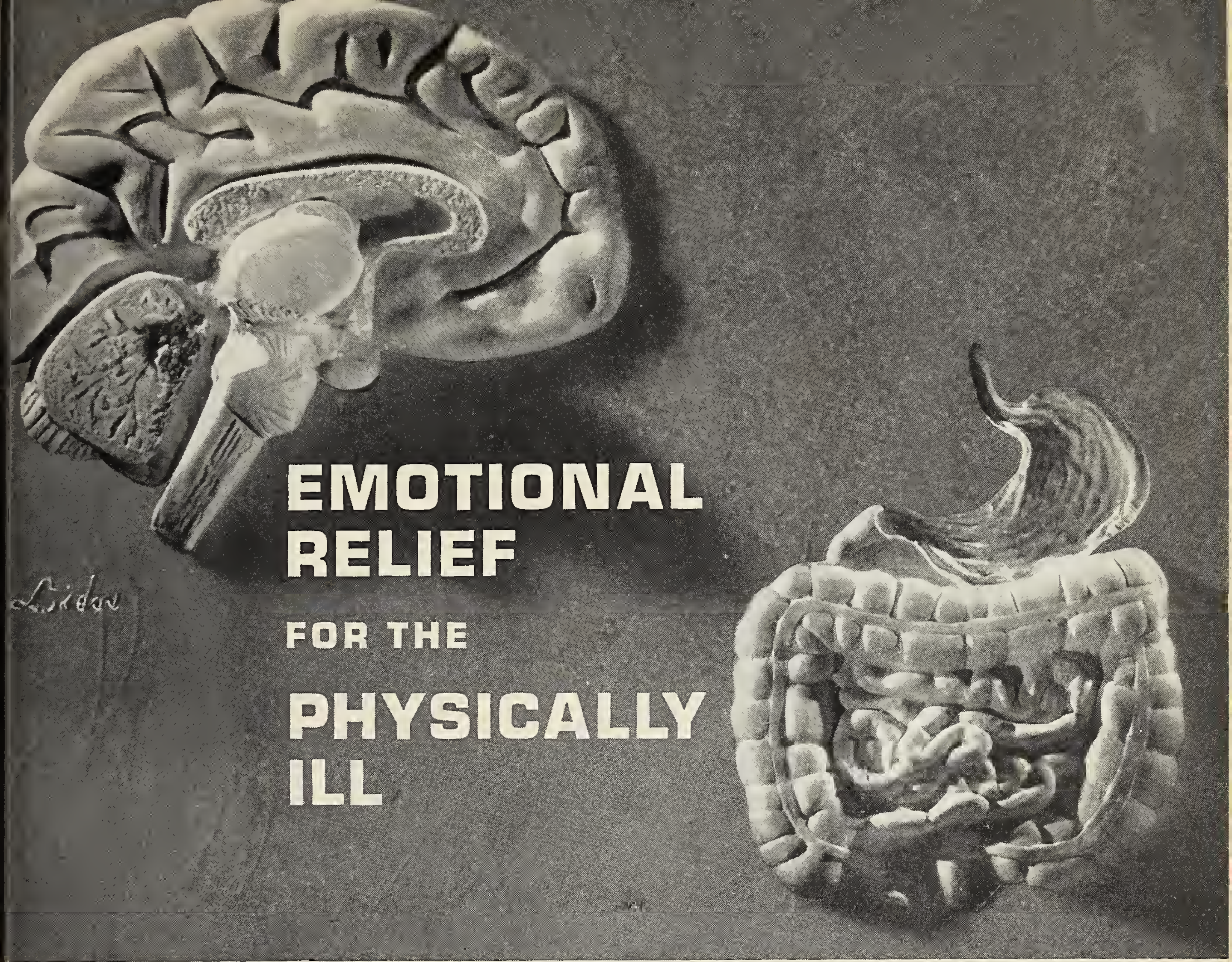
The Michigan State Board of Registration in Medicine took action effective January 1, 1944, to reduce temporarily, as a war measure, the 12 months of rotating internship to nine months in an approved U. S. hospital.

The Executive Board of the Woman's Auxiliary to the MSMS held its 18th mid-year meeting in Detroit, to advance two projects: the defeat of the pending Wagner-Murray-Dingell Bill, and the campaign to recruit girls for the nursing profession.

* * *

THE IDEA OF forming a health council was advanced at a meeting July 16-17, 1943, at Mackinac Island. This meeting was attended by members of The MSMS Council and representatives of the Michigan Hospital Service. The Michigan Health Council was incorporated as a non-profit organization in 1944.

A Medical Veterans Readjustment Program to aid returning medical officers of Michigan was created by the 1944 House of Delegates in Grand Rapids. The program sought to assist medical officers with problems of relocation, finances, and postgraduate work. The House of Delegates instructed that an assessment of $5 be levied in 1945 on every active member to defray the expenses of this post-war veteran's program.



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One of the advantages of membership in the Michigan State Medical Society is its ever-improving program of group insurance. MSMS Research Director, Mr. Richard M. Campau, who is also staff assistant to the MSMS Committee on Professional Insurance, has interviewed the MSMS Insurance Administrator Ben P. Stratton, of Lansing, Michigan. Some of the questions raised and the answers are listed below:

"What Is Unique About MSMS Insurance Program?"

Why should a professional association sponsor a group insurance program for its members?

This question can best be answered in two parts. First, the self-employed professional person does not have available the generous fringe benefits enjoyed by most employed persons. Association group insurance helps to partially overcome this inequity. Secondly, the very nature of group insurance makes it attractive to most members. Here are some of the advantages of group insurance over individually sold policies:

1. The cost is lower because the carrier's selling and administrative costs are lower.
2. Benefits are usually as broad and perhaps broader than those of individual policies.
3. It is easy to apply. Applications are brief. Medical examinations usually aren't required. In many cases persons may obtain insurance when they would be ineligible for individual policies for physical reasons.

Does group insurance interfere with an individual's personal program?

On the contrary, group insurance aids in carrying out the objectives of a sound personal insurance program. It should be remembered, however, that group insurance should not be called upon to do the entire job. The need still exists for a competent insurance representative often working with the member's attorney or accountant.

What types of association group insurance are available?

1. Disability Income.
2. Life Insurance. Both group term and group permanent are available. Dependents may also be added.
3. Business Overhead Expense. This is designed to pay fixed overhead expenses that continue even though the insured person is disabled.
4. Accidental Death and Dismemberment. This policy provides high limits of indemnity for loss of life or members. Spouses may also be covered.
5. Professional Liability. While this type of insurance is not generally available through an association sponsored plan, there is a growing trend toward including this as one of the basic types of insurance to be offered.

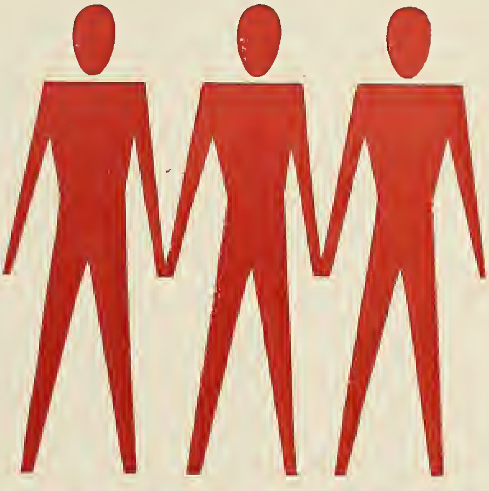
Does group insurance add to an association's expenses?

Generally the administrative costs of a group program are borne by the program itself. In other words, premiums paid by individual members contain an expense loading. If some additional administration is placed on the association, the effort is well expended because the members gain greatly from a comprehensive and sound group insurance program.

Would you please briefly describe the MSMS Group Insurance Program, particularly some of its unique features?

MSMS now has the following group plans in effect:

1. *Disability Income.* This was inaugurated in 1955. The carrier is Provident Life and Accident insurance Company. In 1963 the plan was improved by extending illness benefits from two to five years. The plan is now being further improved to allow members to apply for higher limits of indemnity and to apply for a plan providing illness benefits to age 65.
2. *Life Insurance.* Group term and group permanent life insurance is available through a



SOCIO-ECONOMIC

plan with Mutual Benefit Life Insurance Company of Newark, New Jersey. This plan has been in effect since 1959.

3. *Other Plans* are in various stages of approval and consideration and information regarding such plans may become available in the near future.

Would you please describe in detail this year's improvements in the MSMS Disability Income Insurance Program?

The program has been improved in the following ways:

1. Benefits for total disability resulting from accident were extended from five years to lifetime for disabilities commencing prior to age 66.
2. Benefits for total disability resulting from sickness were extended from two years to five years for disabilities commencing prior to age 66.
3. Weekly indemnity amounts were changed to monthly indemnity as follows: $50 weekly changed to $215 monthly. $75 weekly changed to $325 monthly.
4. The Waiver of Premium provision was changed to cover entire period of continued disability even if this extends beyond the period of compensable disability.
5. Air travel restrictions were eliminated except for accidental loss of life or members. These restrictions were also liberalized for accidental loss of life or members.
6. Partial disability for sickness was liberalized. This was formerly only payable after payment of benefits for total disability from sickness for at least 30 days. This is now payable after period of total disability from sickness for 7 days or more.
7. New optional benefits are also available. Sickness disability benefits may be extended to those who are eligible from five years to age 65. Also monthly indemnity may be increased for those eligible to $400 or $500.

How many MSMS members participate in the various insurance plans?

In answering this it must be remembered that the largest county society (Wayne) has a complete insurance program available for its own members. The MSMS Disability Income Plan is available to all eligible members including Wayne County Medical Society members and more than 2000 are insured.

The Group Life Insurance Plan is available to all members except members of Wayne County Medical Society and over 1500 are insured. As previously mentioned other plans are in the planning stage.

in the overweight stable adul

...fasting serum levels of insulin are usually normal, postprandial levels excessive[1-3]

...insulin acts in adipose tissue via hexose monophosphate shunt, principal path of glucose conversion to storage fat[1,4]

...excessive endogenous insulin acts to stimulate lipogenesis and weight gain[1,3,4]

Osteopathy in Michigan

The MSMS Economic Department has recently compiled information regarding frequently asked questions on Osteopathy in Michigan. Sources for this information include the Michigan Hospital Association and the Michigan Association of Osteopathic Physicians and Surgeons, Inc.

How many D.O.'s in Michigan?

Answer: 1825

How many D.O. Specialists?

Answer: Approximately 258 (All figures listed below are approximates.)

Radiology — 36
Orthopaedic Surgery — 5
Internal Medicine — 20
Obstetrics-Gynecology — 38
Obstetrics-Gynecology-Surgery — 11
Proctology — 15
Physical Medicine — 6
Otolaryngology — 17
Pathology — 12
Surgery — 68
Dermatology — 5
Anesthesiology — 25

How many D.O. Hospitals in Michigan? D.O. Beds?*

Answer: 38 D. O. Hospitals with 3,600 beds

How many joint M.D.-D.O. hospitals? Beds?

Answer: 13 hospitals with 1,137 beds:

Hayes Green Beech Hospital, Charlotte (65 beds)
Mason General Hospital, Mason (49 beds)
McPherson Community Hospital, Howell (75 beds)
Lapeer County General Hospital, Lapeer (134 beds)
Gratiot Community Hospital, Alma (119 beds)
Seaway Hospital, Trenton (86 beds)
Annapolis Hospital, Wayne (150 beds)
Outer Drive Hospital, Lincoln Park (150 beds)
Beyer Memorial Hospital, Ypsilanti (154 beds)
Anderson Memorial Hospital, Harrison Township (100 beds)
Harbor Beach Community Hospital, Harbor Beach (15 beds)
St. Ignace General Hospital, St. Ignace (20 beds)
Mecosta General Hospital, Stanwood (20 beds)
(There may be new ones not yet reported)

*This compares to 182 MD short term general hospitals with 26,407 beds.

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side effects: Gastrointestinal, occurring more often at higher dosage levels, abate promptly upon dosage reduction or temporary withdrawal. **precautions:** Occasionally an insulin-dependent patient will show "starvation" ketosis (acetonuria without hyperglycemia) which must be differentiated from "insulin-lack" ketosis which is accompanied by acidosis, and treated accordingly. Lactic acidosis has been reported in non-diabetics and diabetics treated with insulin, with diet, and with DBI. Question has arisen regarding possible contribution of DBI to lactic acidosis in patients with renal impairment and azotemia and also those with severe hypotension secondary to myocardial or bowel infarction. Periodic B. U. N. determinations should be made when DBI is administered in the presence of chronic renal disease. DBI should not be used when there is significant azotemia. Any cardiovascular lesion that could result in severe or sustained hypotension, which may itself lead to development of lactic acidosis, should be considered cause for immediate discontinuation of DBI at least until normal blood pressure has been restored and is maintained without vasopressors. Should lactic acidosis occur from any cause, vigorous attempts should be made to correct circulatory collapse, tissue hypoxia, and pH. **contraindications:** Severe hepatic disease, renal disease with uremia, cardiovascular collapse. Not recommended without insulin in acute complications of diabetes (metabolic acidosis, coma, severe infections, gangrene, surgery). **pregnancy warning:** *During pregnancy, until safety is proved, use of DBI, like other oral hypoglycemic drugs, is to be avoided.* Consult product brochure for full information.

1. Gordon, E.S.: Metabolism 11:819, 1962. **2.** Grodsky, G.M. et al.: Metabolism 12:278, 1963. **3.** Weller, C. et al.: Scientific Exhibit, A.M.A., June 1962. **4.** Sadow, H.S.: Metabolism 12:333, 1963. **5.** Faludi, G.: J. Am. Med. Women's Assoc. 18:722, 1963. **6.** Faludi, G.: Geriatrics 18:452, 1963. **7.** Williams, R.H.: Textbook of Endocrinology, Ed. 3, Saunders, Phila., 1962, p. 610. **8.** Weller, C. and Linder, M.: Am. Therap. Soc., June 1963. **9.** Moss, J.M. et al.: Med. Times, July 1964.

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State Is Part of National Blue Shield Survey

Michigan doctors are among those being surveyed now as part of the Nation-wide Blue Shield Test of Performance Survey. The study will assess the extent to which Blue Shield fees are covering doctors' charges.

Pilot surveys in Alabama and Massachusetts produced a 90 per cent return.

A random sampling of recently paid claims is made, and the doctor is sent a questionnaire dealing with that case. Answering a questionnaire requires about one minute, through use of check-off boxes. Completed questionnaires are returned to National Association of Blue Shield Plans in a postage-paid envelope that is provided. The information provided by physicians is completely confidential; the portion of the questionnaire which identifies the doctor and the patient is torn off by the doctor before he returns the questionnaire.

The questionnaire refers to a specific case recently paid by Blue Shield, and asks the doctor: If he accepted the Blue Shield payment as payment in full for the services covered by Blue Shield; if not, what his total fee was, and the reason that the Blue Shield fee was inadequate; what his normal fee to the patient would have been in the absence of Blue Shield coverage, and two questions about his years in practice and nature of practice.

Consumer Price Index Increases in Detroit

The Detroit Consumer Price Index increased 0.4 per cent from May to June, according to a report issued by John W. Lehman, Director, East Central Regional Office, U. S. Department of Labor's Bureau of Labor Statistics. The new series June index for Detroit is 103.6 (1957-59=100): 0.1 per cent above the level of a year ago.

Increases of 1.2 per cent for transportation, 0.8 per cent for food and 0.3 per cent for housing were recorded in Detroit by the Bureau of Labor Statistics from May to June. Over the same period, the index for apparel and upkeep decreased 0.1 per cent and the index for health and recreation was unchanged.

Compared with a year ago, increases of 1.7 per cent for apparel and upkeep, 0.4 per cent for health and recreation and 0.2 per cent for housing have occurred. Over the same June, 1963 to June, 1964 period, decreases of 0.2 per cent for food and 0.1 per cent for transportation have been recorded.

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3. 'Soma' Compound is ideal in these cases. Since it contains both 'Soma' (carisoprodol) and acetophenetidin it is both a potent analgesic and a superior muscle relaxant; it also contains caffeine to offset any drowsiness *("numbs the pain... not the patient")*.

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CSO-9193

What Cities Attract Michigan Interns?

Following is a composite chart showing which cities were selected by 1964 Medical School graduates for internships:

City	Wayne State University	University of Michigan
Ann Arbor	1	18
Dearborn	3	1
Detroit	35	12
Eloise	2	8
Flint	2	—
Grand Rapids	3	9
Grosse Pointe	3	1
Highland Park	1	—
Kalamazoo	3	13
Lansing	—	2
Midland	—	3
Muskegon	2	—
Pontiac	10	1
Royal Oak	2	1
Saginaw	—	9
Traverse City	—	6

Heads Nursing School

Gwendoline R. MacDonald, Ph.D., formerly with the National League for Nursing, is the new director of the School of Nursing at Michigan State University. She succeeds Florence C. Kempf, who retired July 31.

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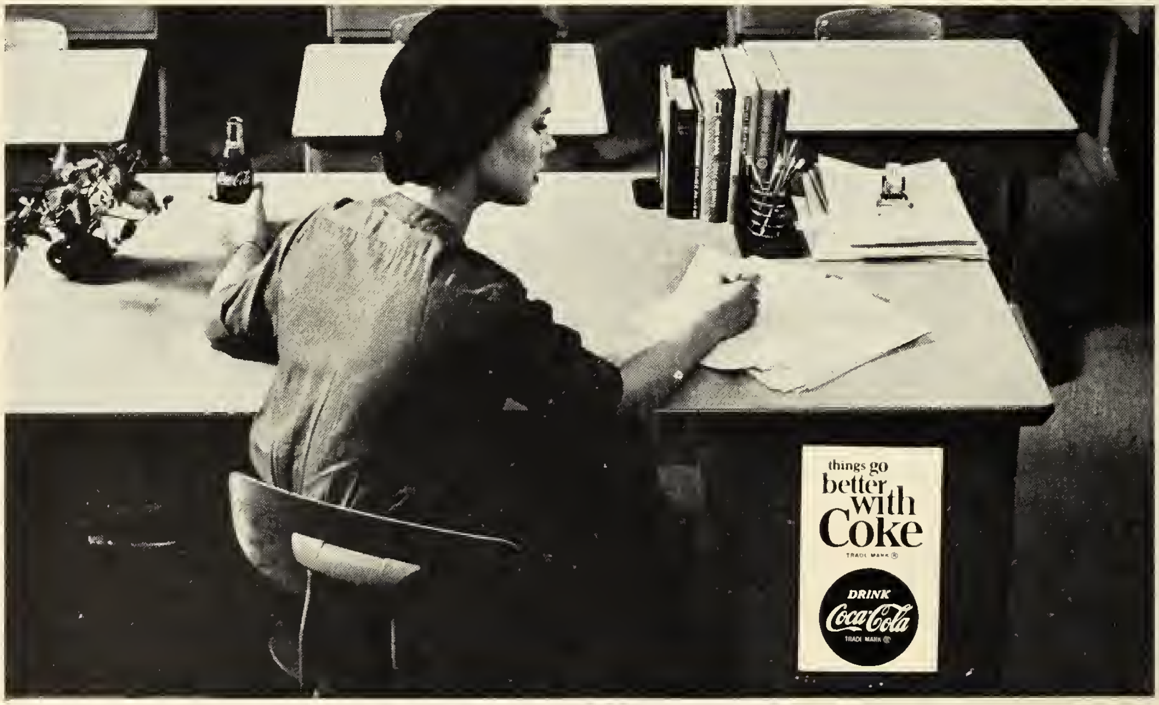

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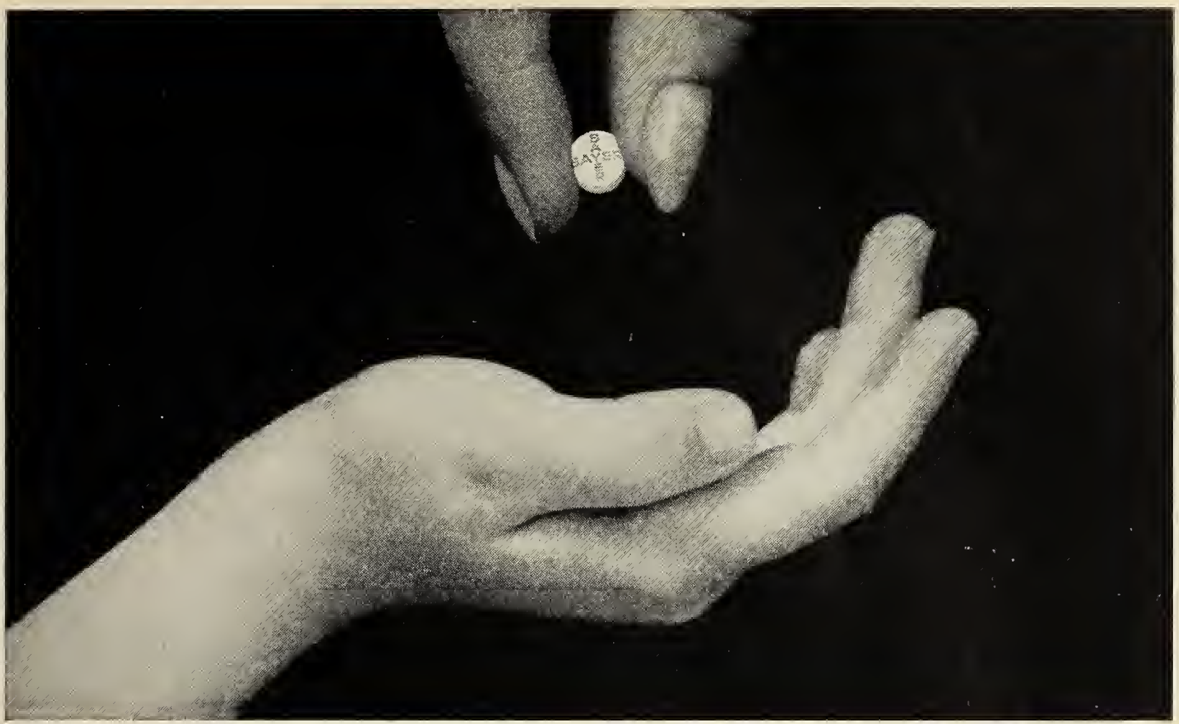

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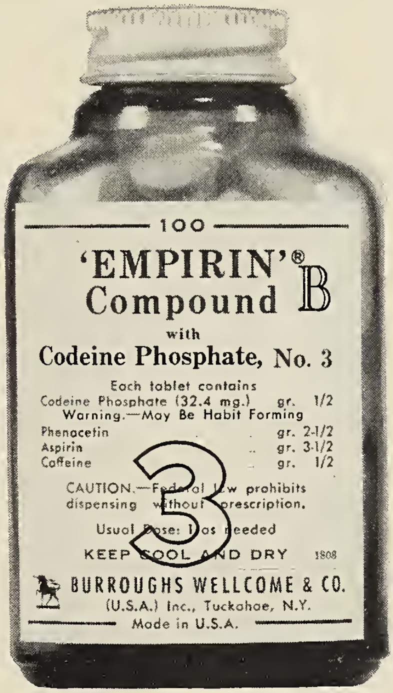
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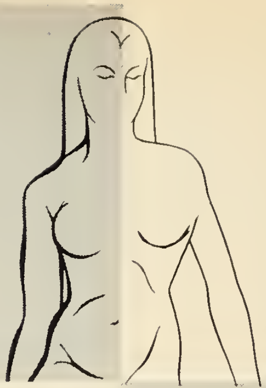

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1. Dorfman, W., and Johnson, D.: *Overweight Is Curable*, New York, The Macmillan Company, 1948, p. 16.

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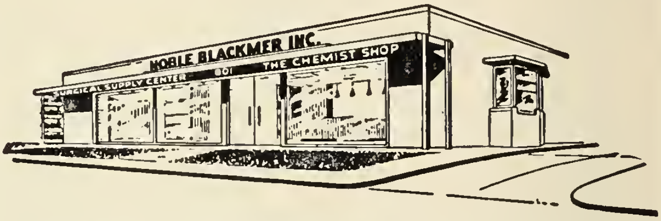

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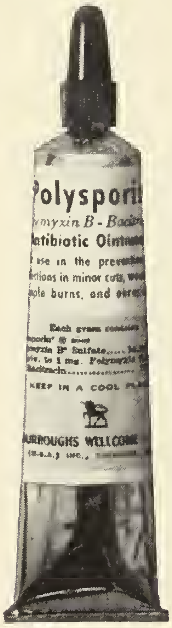

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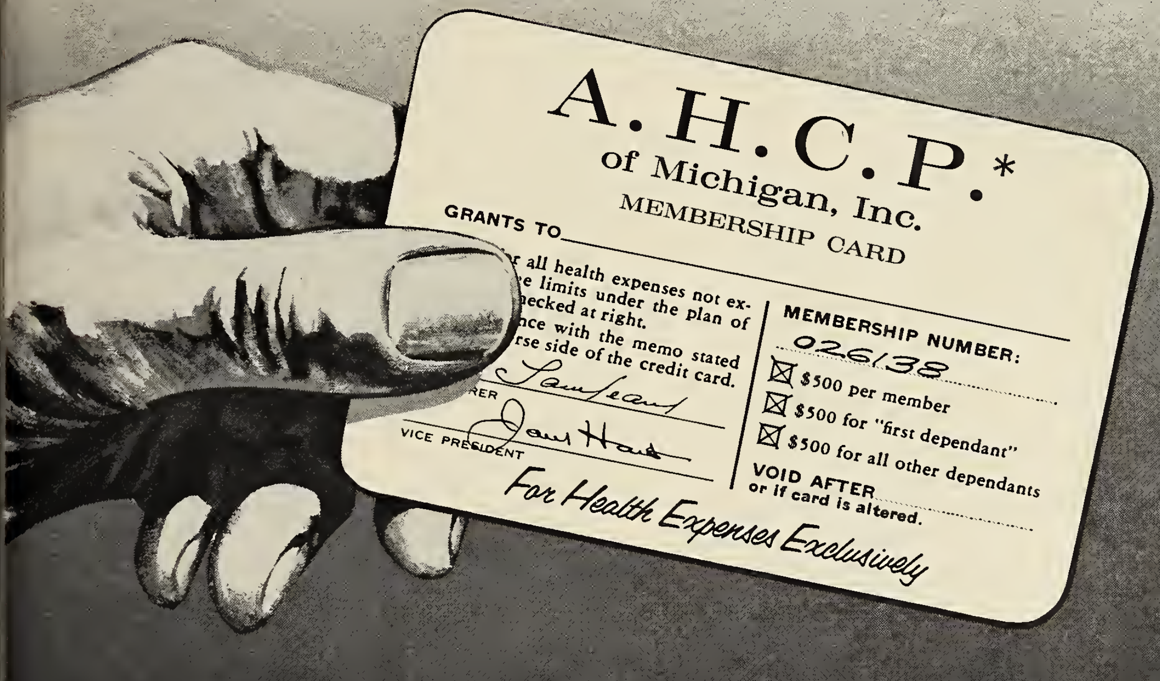
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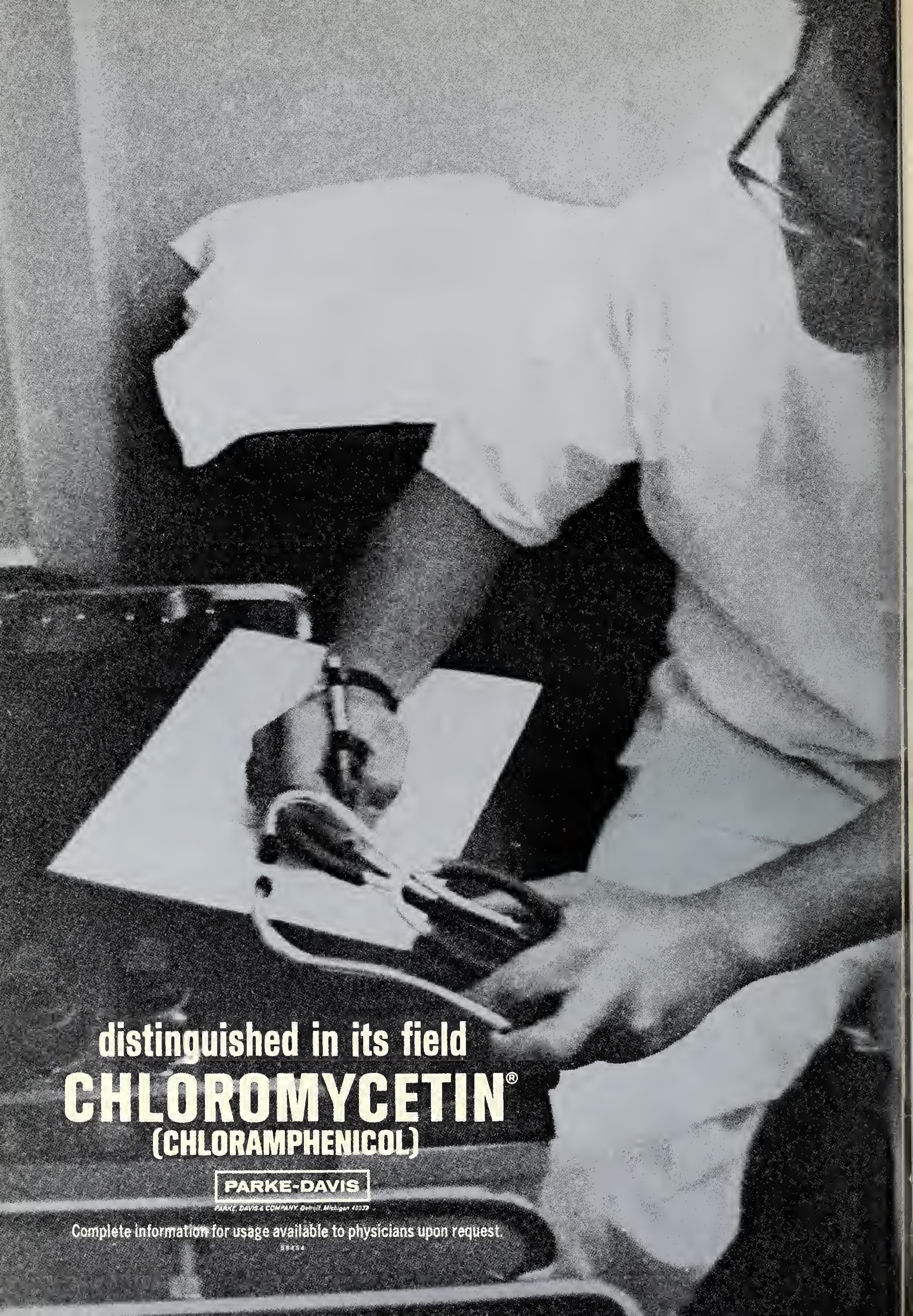

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President's Message

The Election and The Doctor

By OLIVER B. McGILLICUDDY, M.D.
MSMS President

November third and the election are about a month away.

How will you feel on November fourth?

On that day your choice of candidates may have won or lost. Either way you will, I am sure, ask yourself if you did your part as a good citizen.

Surely you voted? In the past, some doctors have said they were too busy to vote. Did the eligible members of your family vote? Did you make sure that your office assistants voted? The doctor with the most personal satisfaction on that day after the election will be the one whose candidates won, especially if the doctor was part of the team. As a member of the team, he probably didn't ring doorbells but he displayed campaign literature in his office and he talked with some of his patients about his candidates. He only talked with some of his patients; no one expects the professional man to try to convert every person he sees.

He certainly gave generously to the campaign funds of his candidates. He either did this by a check to his county, state or national political party or better still to the candidates directly.

Lastly, the doctors with the most satisfaction on November 4 will be those who gave to the American Political Action Committee, AMPAC, and our own Michigan counterpart, MD-PAC. These groups will actively support friends of medicine in both parties.

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Will your team win November 3?

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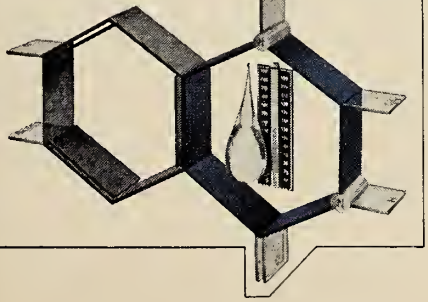

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CONTRAINDICATION: Anuria.

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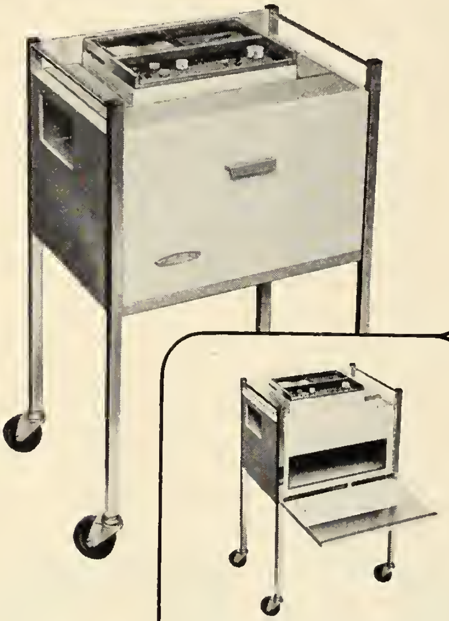

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NEWS BRIEFS

An interesting feature story in *The Flint Journal* reports that in Flint there are 88 medical externs, interns and residents—but only 28 of them are from the USA. Sixty of these medical students at Hurley, St. Joseph and McLaren General Hospitals are from other countries—with 13 from the Philippines leading the list. Three of 88 are from Flint.

R. W. Teed, M.D., Ann Arbor, represented MSMS officially at the National Voluntary Health Conference sponsored by the AMA in Chicago, September 17-18.

Past president of the Oceana County Medical Society, **Clarence Diehl, M.D.**, Shelby, has moved to King City, California, to practice there.

One of the divisional leaders in the Battle Creek area United Fund campaign is **Jack Campbell, M.D.**

There's another father-son combination in Michigan—**Robert Willis Oakes, M.D.**, has entered practice with his father **Charles Willis Oakes, M.D.**, Harber Beach. A graduate of the University of Michigan, Robert interned at Toledo, served as a flight surgeon in the Air Force and then did a general-practice residency at Toledo.

An interesting feature story in the *Jackson Citizen-Patriot* described the skeet-shooting abilities of **E. F. Lewis, M.D.**, and his overall interest in physical fitness.

Joseph G. Gough, M.D., former resident in physical medicine at the University of Michigan, has joined the staff of the American Legion Hospital, Battle Creek, as director of physical medicine and rehabilitation.

Kenneth A. Kooi, M.D., Ann Arbor, is busy as secretary of the American Electroencephalographic Society helping with plans for the Society's annual meeting in October at Bishop's Lodge at Sante Fe, New Mexico.

Wm. H. Shock, M.D., Saugatuck, has been appointed to fill a vacancy on the Saugatuck Board of Education.

Grant L. Otis, M.D., Jackson, Chairman of MSMS Disaster Medical Care Committee, attended a two-day AMA Conference at Louisville on what action doctors should take in the event of disaster.

Kermit Ericcson, M.D., former intern at Grand Rapids Blodgett Hospital who practiced in Reed City during the summer, will serve five years as a Medical Missionary in Ethiopia.

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The Role of Alcohol In Fatal Traffic 'Accidents' And Measures NEEDED TO SOLVE THE PROBLEM

By **HORACE E. CAMPBELL, M.D.**
Denver, Colorado

This paper was presented September 24, 1964 at the MSMS Annual Scientific Session in Detroit

It has been known for years that the drinking driver was responsible for many traffic "accidents", if we may call them accidents.

Recently, the motorboat has begun to displace the automobile as a status symbol, and the drinking driver of motorboats is becoming a problem.

Further, incredible as it may seem, the drinking small-plane pilot is appearing as an increasing cause of air crashes. Excluding crop control flying, in the United States in 1959, there were 378 fatal small-plane crashes, with intoxication as a factor in seven; in 1960 there were 373 fatal small-plane crashes, with intoxication as a factor in 15, and in 1961, 366 fatal crashes with 10 intoxication cases.[4]

Earlier data, based upon court convictions,[1] have been found unreliable as a guide to the extent of the drinking driver problem.[5] In a collected series of 2,795 fatally injured drivers tested chemically for alcohol, 61 per cent had been drinking; and based on 2,307 of these fatalities in which the figures were complete, 58 per cent had blood alcohol levels at 0.05 per cent or above, the level below which impairment is thought not to occur (Table I).

SCIENTIFIC PAPERS

Since this table was compiled, additional studies have been completed. Coroner's records in seven large California counties for 1961 revealed that 55 per cent of the drivers dying within eight hours of their accidents had blood-alcohol ratios of 0.10 per cent or higher.[12] Sixty-eight per cent of 291 fatally injured drivers had been drinking.

A more detailed study carried out in 1962 in eight large counties which comprise 69.4 per cent of the total population of California, and embrace 67.8 per cent of the state's registered motor vehicles, concerns 648 fatally injured drivers who died within six hours of their crash. Of these, 633 (97.6 per cent) were tested for alcohol, and 54 per cent had been drinking.[12]

More drivers were killed in single-vehicle crashes than in any other type—266 cases. Sixty-seven per cent had been drinking with 59 per cent having blood-alcohols of 0.10 per cent or higher. Thirty other drivers hit parked cars. More than 63 per cent of this group had been drinking—all of whom had blood-alcohol ratios of 0.10 per cent or higher.

LARGEST OF ALL FACTORS

These data all combine to prove that the drinking driver is involved in well over half of all the fatal accidents, and therefore as a factor looms larger than all the other factors, e.g., bad roads, faulty maintenance of vehicle repair, bad weather,

TABLE I. THE ROLE OF ALCOHOL IN FATAL TRAFFIC "ACCIDENTS"

Reference No.	Region Reported	Data for Years	Fatal Accidents	Driver Fatalities	Drinking Drivers PER CENT	Blood Alcohol over 0.15%	Blood Alcohol over 0.10%	Blood Alcohol 0.05-0.15%	Blood Alcohol 0.01-0.04%
1	N.Y. City	1928-1937		215	60		50%		
2		1957		69	55		55%		
3		1959-1960		34+	59		50%		
4	Westchester County	1950-1957		83*	73	49%	56%	20%	4%
5	Cleveland	1937-1955		885	54	40%		12%	2%
6	Montana	1956		134	55				
7	Maricopa Co. Ariz.	Jan.-June 1958	60**		47				
8	Delaware	1955	97		57				
9	Delaware	1956	75 58**		51 65	33%++ 43%++			
10	Maryland including Baltimore	1950-1959		983	69	40%		22%	6%
11	Baltimore	1951-1956		156	62	37%		21%	4%
12	Middlesex Co., N.J.	1948-1959		264	50	17%		33%	
13	State of New York	1959		92#	87	51%	75%	33%	3%
14	State of Conn.	1959		36#	67				

+Dying within six hours of the crash
*Single-vehicle accidents, with death within 4 hours
**Pedestrian fatalities eliminated
++62 per cent of the drinking drivers had blood alcohol readings over 0.15%
#One-car fatal accidents, with death within 24 hours

TABLE II. INCIDENCE OF DRINKING AMONG THE GENERAL DRIVING POPULATION

Author	City	Number Tested	No. HBD	%HBD	Alcoho 100-150 mg. %	Alcohol 150 mg. & over
Holcomb	Evanston	1,750	212	12%	1.49%	0.42%
Lucas et al.[10]	Toronto	2,015	176	8.7%	1.9%	1.4%
Forrester[7]	Buffalo	125	16	12.8%	6.4%	1.6%
McCarroll & Haddon[11]	New York	217	52	26%	(100 & over) 4.0%	
Borkenstein[3]	Grand Rapids	7,590	834	11%	0.58%	0.18%
TOTALS		11,697	1,290	11%+		

N.B. In the figures from Toronto and Buffalo, persons with blood alcohol levels under 50 mg.% were not considered as having been drinking. In the others, 10 mg.% was considered positive, and placed the driver in the HBD group.

all these combined. As such, the problem of the drinking driver should get the attention that it deserves.

But several prominent people, doctors, lawyers, social scientists, and legislators, in particular, all of whom ought to know better, insist that these figures do not mean a thing. They say that at least three out of four drivers drink and drive, and since only fifty per cent or so of the fatally injured drivers have been drinking, the alcohol is obviously a protection.

Table II reveals the fallacy of this type of thinking.

By testing drivers in the non-accident driving population either at the scene of an accident, or at the site on the same day of the week and at the same hour, it becomes obvious that on the average, the week around, and the clock around, about 11 per cent of the driving population has measurable amounts of alcohol in the breath or blood.

Hence it appears that 12 per cent of the drivers account for 60 per cent of the fatal accidents, and 88 per cent of the drivers account for the remaining 40 per cent. The drinking drivers are subject to the basic driving risk, too, of course. This can be calculated as 12/88 of 40 per cent or nearly 6 per cent. It may be concluded then, that the alcohol is the factor *responsible* for the deaths of 54 per cent of the fatally injured drivers.

Realistically, the picture is even blacker than this. Those who study fatal accident records find that again and again the drinking driver responsible for the accident escapes with little or no injury. On the other hand, in studying the records of 422 fatal accidents occuring in Colorado during 1963, there was only one case in which the obverse was true. This driver, with a blood alcohol of 213 mg. per 100 ml. of blood, was driving along on his side of the road minding his own business when an on-coming driver, who proved to have had a completely clean driving record, crossed the center line, and killed the competent drinker, having no alcohol in his own blood, and escaping with minor injuries.

But more than this, it is well known that in fatal crashes with two or more persons in the car, the driver is sometimes the only survivor, probably because the steering wheel, up to a point, provides the driver some protection. Thus these crashes would not have entered our tabulation of driver fatalities.

SERIOUS ATTENTION DEMANDED

We conclude again: the drinking driver is the largest part of our traffic death and serious injury problem. We must give him the serious and scientific study that he requires.

Norway was the first nation to attack the matter realistically. In 1926, enough scientific information was available that Norway made it illegal for anyone to drive or to attempt to drive a motor vehicle if the blood alcohol was "in excess of 0.05 per cent (by weight)". This is two drinks on an empty stomach for a 150 pound person.

A driver with this amount of alcohol has an excellent chance of spending at least 21 days in jail in Norway. In only the rarest exceptions does he escape a jail sentence. If he is standing anywhere near a motorcar, he is likely to be arrested. He can reduce his sentence to seven days by going on bread and water. Max Eastman writes, "One's convivial friends, they tell you in Oslo, disappear from time to time and come back in a week describing a wonderful vacation in the Canary Islands but looking suspiciously thin".

Sweden adopted rather similar legislation soon after, used 0.08 per cent for some twenty years, but in 1959 reduced the figure to 0.05 per cent. Under the influence of this legislation these countries have developed a cultural pattern in regard to drinking and driving which we will discuss at a later point.

> *In the United States, a Committee of the American Medical Association, alarmed by the distressing increase in alcohol-related deaths and injuries following Repeal, set out to formulate a definition of "under the influence". The net result of this effort has been that the level of 0.15 per cent has become the dividing line between "sober" and "under the influence".*

This means at least eight standard drinks for a 200 pound person on an empty stomach in somewhat less than an hour, and six drinks for a 140 pound person in somewhat less than two hours (Table III). This is one of the obvious reasons why 60 per cent of the fatal crashes in this country involve drinking drivers.

All the authoritative organizations here are now recommending that the *prima facie* level of intoxication be reduced to 0.10 per cent (100 mg. per 100 ml. of blood). New York, North Dakota, and North Carolina are the only States to have adopted this type of legislation.

At a level of 0.10 per cent (four drinks for the 140 pound person, and six for the 200 pounder) it is agreed by the scientific authorities that everyone suffers impaired driving ability.

> *If the object is to prevent motorcar crashes, the legal level will have eventually to be brought to that level at which most people do not demonstrate impaired driving ability, i.e., at least to the level of 50 mg. per 100 ml. of blood, a point which the realistic Norwegians accepted almost 40 years ago.*[2]

Forney *et al*[6] found that five out of 25 drivers were impaired in a sports car event at blood alco-

TABLE III. CHART RELATING per cent ALCOHOL IN THE BLOOD to BODY WEIGHT AND NUMBER OF DRINKS

(Subtract 0.015% for each hour from the time drinking started)

No. of Drinks	1	2	3	4	5	6	7	8	9	10
Body Weight in lbs.										
100	.042	.084	.127	.170	.212	.255	.295	.34	.38	.42
120	.035	.070	.106	.142	.176	.213	.248	.28	.33	.35
140	.029	.059	.090	.121	.152	.180	.212	.24	.27	.30
160	.025	.052	.078	.106	.132	.160	.185	.21	.24	.26
180	.023	.046	.069	.093	.118	.140	.164	.19	.21	.23
200	.021	.042	.062	.084	.105	.126	.148	.17	.19	.21
220	.019	.038	.056	.076	.096	.115	.133	.15	.17	.19
240	.017	.034	.052	.070	.088	.105	.123	.14	.16	.17

Tabulation derived from the ALCODIAL, Dr. R. G. Bell and Dr. J. K. W. Ferguson, and reproduced with permission from DRINKING AND DRIVING H. Ward Smith, Ph.D., Director, Attorney-General's Laboratory, Toronto, Criminal Law Quarterly, Vol. 3, No. 1 (May) 1960, Canada Law Book Co. Ltd. 76 Pearl St., Toronto, Ont.

hol levels of 50 mg. per cent. Facts like these have already been recognized in Norway and a movement is afoot there to reduce the statutory limit to 30 mg. per cent. In the Forney study, after drinking there was a very significant ($p<0.007$) impairment in the drinking group in the reverse gear event, the event in which there is the least habitual adaptation.

COMMERCIAL AVIATION PRACTICE

Probably no one would be in favor of allowing pilots of commercial airliners to have two beers before take-off. It may be presumed that there are not very many teetotaling commercial pilots and fewer teetotaling airline administrators, and yet most airlines have a common ironclad rule—"NO ALCOHOLIC DRINKS, NOT EVEN ONE BEER, WITHIN 24 HOURS OF FLIGHT TIMES." It may be guessed that this rule is shaded by some pilots occasionally, but this writer knows of one pilot who lost six months' pay for sliding over just a half hour. An airliner crash these days is an expensive affair.

Can we apply this same principle and practice in the motorcar field?

> *This writer is reliably informed by an American official residing in Sweden for nearly two years, and by four Swedish physicians whom he knows personally, that it is the duty of hostesses there to provide large quantities of orange juice for the drivers. It is expected that drivers will not drink alcohol at all on the afternoon and night that they are serving as drivers. Tomorrow they may be drinking, but today they are driving, and that is all that need be said. It is the accepted and expected thing. Deviant behavior is frowned upon.*

Following the Stockholm meeting of the American College of Surgeons several years ago, several returning American surgeons wrote as did the following: "I noticed one very interesting thing at a major banquet given at the Golden Hall in Stockholm attended by 500 Scandinavian and American surgeons. Not a single one of the Scandinavians brought his own car since there were cocktails before dinner, and wine at the banquet. They all came by cab."

This is a realistic and practical social custom which we in the United States will do well to emulate. It is a cultural pattern that recognizes the facts of life (and death) on our highways.

THE CHRONIC ALCOHOLIC AS DRIVER

It must not be said that there is no drinking-driver problem in Sweden. The chronic alcoholic, comprised of three groups known as alcoholic addicts, alcoholic abusers, and excessive drinkers, constitutes 8.8 per cent of the adult male population of Sweden, and 13.7 per cent of the adult male population in Stockholm.[8] He accounts for over 30 per cent of the traffic accident victims. Among convicted drivers, 45 per cent belong to this group, against a figure, be it recalled of 8.8 per cent in the general adult male population.

As long ago as 1949, a Swedish Governmental Committee was appointed to study the problem of alcohol and motor vehicle traffic. We in the United States are just beginning to become aware of the role of the chronic alcoholic in our traffic picture.

> *This individual does not respond to safety campaigns, slogans, or even to lectures by judges or terms in jail. He is a compulsive drinker, and our traffic records, if we but knew it, are full of his repetitive acts until he finally kills himself, having killed one or more others before this sought-for event.*[13]

In the definitive study by McCarroll and Haddon,[11] 46 per cent of the accident responsible drivers had blood alcohol concentrations in the very high 0.25 per cent range. This represents the alcohol in 10 drinks. In contrast, not a single one of the drivers in the 258-member control group, i.e., drivers interviewed later at the same hour of the same day of the week at the site of the fatal accidents, had a concentration in this range. These writers suggest the possibility that these persons were chronic alcoholics.

GRAND RAPIDS FINDINGS

In the monumental Grand Rapids study by Borkenstein and his co-workers, among 3305 accident-causing drivers, there were 18 with blood alcohol levels of 0.25 per cent or higher, and in the 7590 drivers in the control group, there was only one with this much alcohol in his blood.[3]

What is the solution of the drinking driver problem, which the world around is admitted to be the largest part of our traffic death and injury problem?

It is as difficult as to which comes first, the hen or the egg.

We need social maturity to get realistic legisla-

Doctor Campbell is Chairman, Automotive Safety Committee, Colorado Medical Society. Formerly: Member, Committee on Alcohol and Drugs, National Safety Council, Vice Chairman, Committee on Medical Aspects of Automobile Injuries and Deaths, American Medical Association.

tion, and we need realistic legislation to get social maturity.

Professor Goldberg submits that the present Scandinavian cultural patterns have developed under the impact of strict legislation actively enforced. Professor Vamosi[15] adds the really essential item: public education. He writes, "History has shown us that a long-lived success cannot be gained by measures of repression alone. A vigorous campaign of public education, and of drivers in particular, must be kept going constantly . . . It will be necessary to refer time and again to the problem from new points of view; this task must be performed by cinema-shows (the National Safety Council has yet to run a three-minute short, new each week, in every movie theatre in the land), lectures, billboards, television, and broadcasting. The fact that in the CSSR, hundreds of thousands of drivers have taken part in discussions concerning the new traffic regulations, proves that it is possible to produce a fudamental change in the views which are held by the general public concerning the drinking of alcohol.

"Finally, all the traffic police have been equipped with an apparatus for examining the content of alcohol in the breath. This enables the traffic police to assess on the spot whether or not the driver has taken alcohol. The knowledge of this fact has exercised a great influence upon all drivers. Every driver knows that a control block may be set up at any moment, and this possibility has a good educational effect".

As regards the detection and control of the chronic alcoholic driver, in this City one does not have far to look. The Psychopathic Clinic, under the direction of Mr. Alan Canty, attached to Detroit's Recorders Court, needs a counterpart in every American city, of even the smallest size. It is a happy coincidence that the city that produces the automobile has produced the first court to set up a special department to study the problem driver.

SUMMARY—CONCLUSIONS

1. At least 60 per cent of our fatal traffic crashes involve a drinking driver. (About the same proportion of fatally injured adult pedestrians have been drinking.)

2. Blood alcohol levels of 0.05 per cent (50 mg. per 100 ml. of blood) (currently legally permissible) produce impaired driving behavior in a substantial proportion of people.

3. If the object of legislation is to prevent motorcar crashes, then the statutory level should be at that level below which impairment does not occur, i.e., 40 mg. per 100 ml. of blood, or perhaps 30 mg.

4. The Scandinavian nations have developed a cultural pattern in which drinking driving is reduced in a realistic and practical manner.

5. Legislation of the implied consent type should be adopted by each and every State. It is needed for the prosecution of the individual case, and in order to collect realistic data as to the incidence of drinking-driving in each and every jurisdiction.

6. The chronic alcoholic or problem drinker plays a far larger role in our traffic death and injury problem than has been recognized in this country.

7. Special legislation providing medical or psychiatric treatment for the problem drinker is required. The old familiar round of license revocation and re-conviction does not meet this aspect of the problem effectively.

8. Most of all, we in the United States must meet the drinking-driver problem in a rational, nonsentimental, civilized manner.

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A project was undertaken to make bacteriologic diagnoses in cases of sore throat more appealing to the clinician. Both conventional culture technique and the new fluorescent antibody technique (FA) were used in the study. A total of 627 throat swabs were submitted to the Laboratory and evaluated. Results were reported to the submitting physician in from six to eighteen hours after submission. Both methods proved to be acceptable. The project did in fact stimulate interest in making etiologic diagnosis in cases of sore throat.

The Rapid Identification Of Group A Streptococci in Throat Swabs, A Comparative Study of Two Methods

By JOSEPH A. PRESTON, M.D.
Jackson

The cause and effect relationship of antecedant respiratory disease (ARD) caused by Group A beta-hemolytic streptococcus and subsequent acute rheumatic fever is a well established fact.[1,2] The desirability of identifying Group A beta-hemolytic strep as the etiologic agent in ARD is self evident. Stollerman[3] pointed out the futility of attempting a clinical diagnosis of streptococcal pharyngitis. Although students of rheumatic fever continually stress the need for making an etiologic diagnosis there is a lethargy on the part of the clinician to utilize throat culture in evaluation of streptococcal pharyngitis. Routine throat cultures are time consuming, and at times perhaps expensive. The practicing physician is reticent to wait 24 to 48 hours before treating acute respiratory disease particularly in children. The introduction of the identification of Group A beta-hemolytic streptococci by fluorescent antibody technique (FA)[4,5] offers a tool for both the rapid and precise identification of these organisms.

A study was undertaken at the Mercy Hospital Laboratory in the fall and winter of 1963-64 to evaluate the possible use of FA technique in identifying Group A "strep" in throat secretions. The objectives were: (1) to test the hypothesis that a rapid accurate diagnosis would stimulate greater interest in making etiologic diagnosis, (2) to test the feasibility of using FA as a method screening large numbers of throats on the community hospital level, (3) to compare FA technique with routine cultural technique in terms of facility and cost.

MATERIALS AND METHODS

The FA identification of beta-hemolytic streptococci was offered to all physicians on the staff of the Mercy Hospital, Jackson, Michigan. The period covered by the study was from September 1, 1963, through February 29, 1964. The physicians participating in the study were provided with calcium alginate swabs and Stuart's Transport Media.* The throat swab was taken in the physician's office at time of initial examination. The swab is placed in Stuart's Transport Media and delivered to the Mercy Hospital Laboratory directly, usually by the parent or the patient. Both conventional culture technique and fluorescent antibody technique were used in identification of streptococci, usually simultaneously.

Conventional Culture Technique.—A modified Maxted[6] disc method was used. The swab was streaked on one half of a 5% sheep blood agar plate. A 0.02 unit bacitracin disc was applied to the heaviest portion of streaking. The plates were incubated under 10% CO_2, at 37°C, for from eighteen to twenty-four hours. The approximate number of typical beta-hemolytic colonies was recorded. Those

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This study was supported by a grant-in-aid from the Michigan Heart Association.

*Consolidated Laboratories, Chicago Heights, Illinois.

beta-hemolytic organisms inhibited by the bacitracin discs were cataloged as Lancefield Group A.

FA Technique.—The same swab used for conventional culture was innoculated into a screw cap vial containing 10 ml. of Todd-Hewitt Broth. The broth was incubated at 37°C for from two to four hours. After incubation the vial was centrifuged, the supernatant decanted, and the sediment washed once with 10 ml. of buffered saline (ph 7.2). The vial was re-centrifuged and the sediment was transferred to a glass microscope slide placing the sample in the center of an etched ring 1 cm. in diameter. The slides were dried for a few moments on a warm plate. They were stained for thirty minutes with a drop of fluorescent Group A streptococcal antiserum.† Next the slides were rinsed twice in buffered saline and blotted dry. Slides were mounted with glycerol and examined under the ultraviolet microscope. A monocular microscope equipped with a darkfield condenser was used. A Fluoralume Illuminator** was used as the U-V source. A Schott BG-12 exciter filter and a Schott GG-9 barrier filter were used. The smears were scanned under low power and examined definitively under high power. Characteristic yellow fluorescent chains of cocci were seen in positive preparations. Positive and negative controls were used throughout.

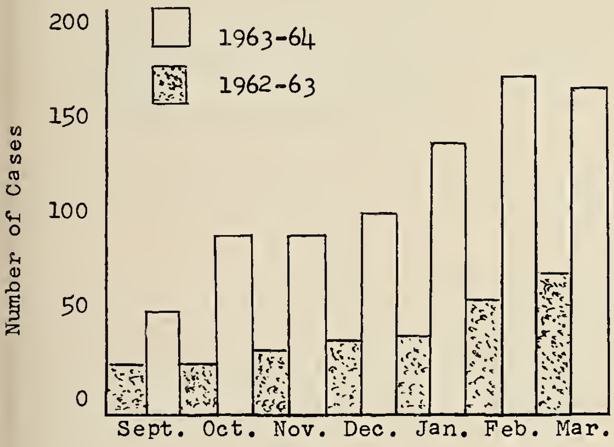

Fig. 1

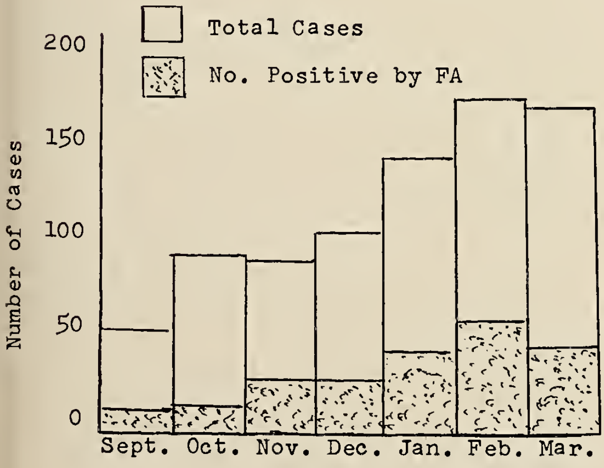

Fig. 2

RESULTS

A total of 627 throat swabs were submitted during the period of study. The material was submitted by some eighteen physicians. It is interesting to note however that eight physicians submitted 525 of the specimens. Approximately one half of the physicians seeing patients subject to acute respiratory disease participated in the program. There was equal interest on part of generalists and pediatricians. In addition to the 627 cases submitted during the study an additional 170 were submitted the first four weeks following the study. These are included for comparative purposes.

Figure 1 shows the cases submitted by the month through the course of the study, September 1963 through February of 1964. It also shows the number of cases submitted by the month during the same period of time one year prior to the study. In addition, it compares the cases submitted the first month immediately following the study (March).

Figure 2 shows the number of positive cases reported by the month through the period of study and includes the first month following study.

All 627 cases had simultaneous FA and culture done. In 300 of the cases, FA and culture with bacitracin discs were done. Tables I and II summarize these data:

TABLE I. COMPARISON OF FA WITH CULTURES ONLY (627 cases)

FA + Culture —	FA — Culture +	Beta-Strep not Group A
17 (2.7%)	5 (0.8%)	5 (0.8%)

TABLE II. COMPARISON OF FA WITH CULTURES AND BACITRACIN DISC (300 cases)

FA + Group A disc —	FA + Group A disc not readable	FA — Group A disc +
5 (1.7%)	14 (4.7%)	0 (0%)

DISCUSSION

This study stimulated, or at least reawakened, interest in making etiologic diagnosis in cases of acute respiratory disease. The number of cases studied during this project was three times the expected load. It is interesting to note that although the study ended in February, interest was continued through the following month in which 170 additional cases were submitted as compared to 66 cases submitted in March the year before. It is expected that this interest will continue.

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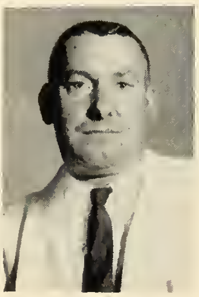
†Difco Laboratories, Detroit, Michigan.
**American Optical Company, Buffalo, New York.

The use of fluorescent antibody technique did not inflict an undue burden on the bacteriology section of the Laboratory. Reports were available usually six hours after the sample was submitted to the Laboratory. Most of the time spent in fluorescent antibody technique is waiting time including: incubation, centrifugation and fluorescent staining. It took from two to three minutes per case for the actual microscopy. Samples which were submitted to the Laboratory before noon were reported by 5 p.m. the day of submission. Samples that were submitted in the afternoon were processed in the early evening and were ready for reading the same night. Reports were made via telephone to the physician's office at 8 a.m. the following morning.

This work confirmed the accuracy of FA compared to methods available in most bacteriology Laboratories. Estela[7] in a study of some 6500 throat swabs found 100 per cent agreement between precipitin grouping and FA. He found a 3 per cent false positive and a 7 per cent false negative rate in comparing precipitin with bacitracin disc grouping. These data would indicate that the FA technique for routine clinical use will provide a simple and accurate method of identification without using longer and more cumbersome cultural or precipitin techniques. Our data tends to confirm his observation in comparing bacitracin disc technique with FA technique. However, in this study the bacitracin disc was applied during initial culturing instead of applying it to pure subcultures. It will be noted from Table II, that we had a 1.7 per cent incidence of false negative by this method and no false positives. We did however have a 4.7 per cent incidence in which it was technically impossible to determine whether or not inhibition had occurred on the plate. This was usually due to a heavy overgrowth of normal flora admixed with a small number of beta-hemolytic colonies. Petran[8] in a study of 439 cultures found the same degree of correlation. It would appear therefore, that either method of identification of Group A beta-hemolytic strep is acceptable. The fluorescent antibody technique provides a somewhat more rapid and highly precise method which is readily adaptable to any Laboratory doing routine throat cultures. However, identification of Group A streptococci by the use of the bacitracin disc on primary isolates provides an excellent secondary method. Whether a six-hour report is any more valuable than a twenty-four hour report is a moot point. Certainly the six-hour report has a little more psychological appeal, both to physician and parent. In either event the 24-hour delay in proper treatment of streptococcal pharyngitis is not detrimental in rheumatic fever prophylaxis as long as the concept of adequate antibiotic blood level for a minimum of ten days is rigidly adhered to.[9]



Doctor Preston is Director of the Laboratories, Mercy Hospital, Jackson, Michigan.

SUMMARY

During the fall and winter of 1963-64, some 627 throat swabs were submitted to the Laboratory for identification of Group A beta-hemolytic strep. Both fluorescent antibody technique and culture technique including bacitracin disc identification were used and compared. There was a good degree of correlation; either method appeared acceptable. The fluorescent antibody technique was a bit more rapid. However, identification of beta-streptococci with bacitracin disc on primary isolates was found to be acceptable. The study stimulated an interest in throat culture in the medical community.

ACKNOWLEDGMENT

I should like to acknowledge the technical assistance provided by Mrs. Betty J. Rice and Mr. Robert Watson.

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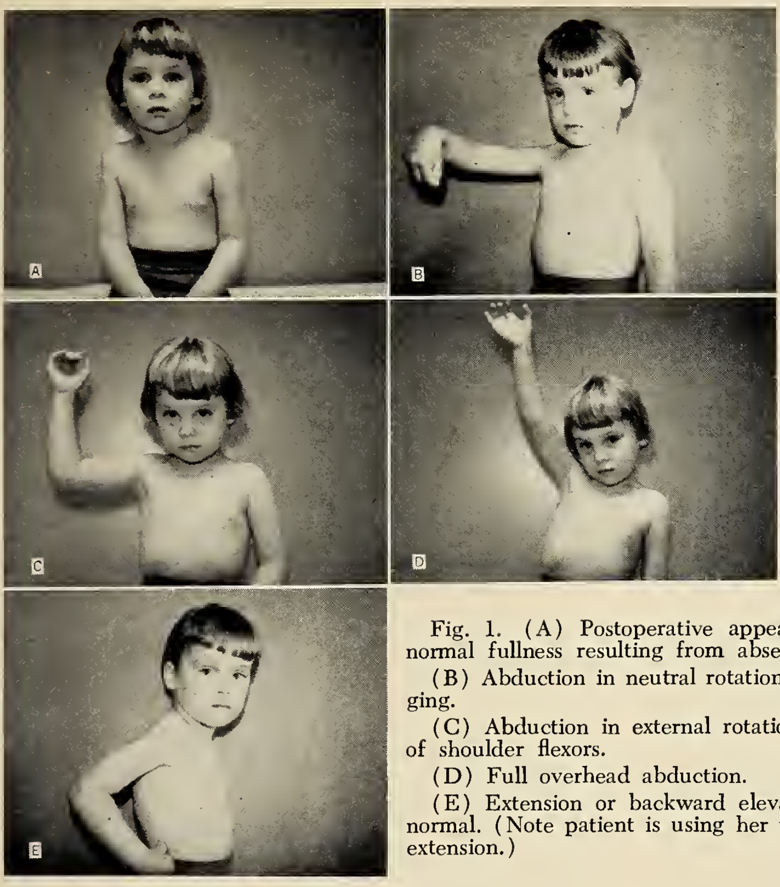

Fig. 1. (A) Postoperative appearance of right shoulder with loss of normal fullness resulting from absence of deltoid.

(B) Abduction in neutral rotation accomplished without scapular shrugging.

(C) Abduction in external rotation especially effective because of help of shoulder flexors.

(D) Full overhead abduction.

(E) Extension or backward elevation limited to about 50 per cent of normal. (Note patient is using her thumb to "climb" to greater degree of extension.)

Complete Deltoidectomy For Malignant Tumor

BY SIDNEY C. WALKER, M.D., PORT HURON

The orthopedic surgeon is frequently confronted with the serious problem of deciding how radical he must be in treating malignancy of the soft somatic tissue. All too frequently the patient subjected to mutilating ablative surgery succumbs a short time later to distant metastases. In such a case a local excision would have been just as helpful and the patient would have had a more normal terminal period. On the other hand, when metastases have not yet begun, a wide local excision may effect a cure as long as the total lesion is removed.

It is hoped that the case to be discussed is one in point in favor of this latter approach.

Our purpose here, however, is twofold. In addition to showing the efficacy of wide local excision in soft tissue sarcoma, this particular case is of interest because it has enabled the author to evaluate shoulder function following complete removal of the deltoid muscle.

CASE REPORT

A seventeen-month-old female infant was first seen December 9, 1960, presenting a soft tissue mass in the right lateral upper arm. The lesion measured 2.5 inches by 1.5 inches, was smooth in contour, non-tender and was felt to be a solid tumor. It was quite well delineated, moved rather freely and was definitely not associated with osseous structures but seemed to arise from within the deltoid muscle mass. The parents had first noticed the lump about one and one-half months prior.

X-rays revealed definite evidence of a soft tissue mass overlying the proximal third of the right humerus without evidence of bone involvement. The initial clinical impression brought the following three diagnoses to mind: benign fibroma, hemangioma and fibrosarcoma.

Excision biopsy was carried out and a spindle shaped solid tumor was removed from within the deltoid fibers. The mass was overlying the proximal humeral shaft and was deep within the deltoid fibers but was not attached to periosteum or bone and could be shelled out largely by blunt dissection. The superior pole, however, had to be excised with the dissection knife at a point where it appeared to arise from intermuscular septal connective tissue. Gross appearance of the lesion led the pathologist to believe that the tissue was benign, but subsequent microscopic diagnosis was spindle cell sarcoma, grade two, with invasion of adjacent skeletal muscle. The most logical course of action seemed to be a secondary wide local muscle excision and hence a complete deltoidectomy was performed without reinvading the biopsy area. Final microscopic scrutiny revealed no evidence of residual sarcoma in the muscle mass removed.

It has now been over three years since operation and there is as yet no evidence of recurrence of the tumor or of distant metastasis.

Postoperative clinical evaluation of the shoulder girdle (Fig. 1, A-E) reveals active motor function in all directions through a full range of motion with only a slight decrease in strength, with one exception. Extension (or backward elevation) can be accomplished to only about 30 degrees instead of to a normal 60 degrees or more and then not without slight scapular shrugging. All other motions, however, including abduction in neutral rotation, forward flexion and internal and external rotation can be carried out normally with satisfactory strength. Abduction in neutral rotation is somewhat weaker than in external rotation because in the former case the arm does not have the assistance of the pectoralis major, biceps, and coraco-branchialis and can muster only the supraspinatus and to a lesser extent the infraspinatus.

No evidence of sensory loss in the upper lateral aspect of the arm can be found, but this evaluation is somewhat unreliable because of the patient's young age.

WIDE LOCAL EXCISION

All factors available must, of course, be taken into consideration in making the decision of amputation vs. wide local excision. These factors include location of the tumor, size of the tumor, probable duration of existence of the tumor, clinical gross appearance of the tumor, and certainly most important, the microscopic grade of malignancy and the advice of the pathologist.

In this particular case, the location of the lesion high in the upper arm made shoulder disarticulation or fore-quarter amputation mandatory if a more radical approach was to be pursued. The lesion was small and so well delineated that a diagnosis of benign growth was entertained pre-operatively. Alert, intelligent parents had gotten the patient to the physician within two months following their first observation of the tumor. Grossly, the pathologist and the surgeon both felt that the lesion was likely benign. The greatest deterrent to less radical treatment was the microscopic picture of sarcoma, grade two, with invasion of adjacent muscle. Full consideration of all factors, however, favored wide local excision. The wisdom of this decision, of course, was further borne out by the second microscopic report which showed no evidence of malignant tissue in the deltoid mass. This less radical approach was followed, however, with full cognizance of facts well expressed by the following quote from Ariel and Pack.[3] "The high recurrence rate emphasizes the futility of attempting excision except under most favorable hospital conditions with a competent pathologist in consultation and with the surgeon prepared to perform the most radical surgery when indicated. Inadequate excision traumatizes the tumor, always results in recurrence, and possibly enhances the occurrence of metastases."

It is well realized that in this short period of three years the entire story may not have been told and a recurrence is still possible. The picture thus far, nevertheless, is quite encouraging since a primary recurrence usually occurs much sooner than three years and a metastasis is now somewhat unlikely.

COMPLETE DELTOIDECTOMY

Hollinshead[2] states that usually, with paralysis of the deltoid, abduction is limited to about 45 degrees. Callander[1] writes that the first 15 degrees of abduction is effected by the supraspinatus, the next 75 by the deltoid. These authors are essentially in agreement in that they relegate the initiation of abduction to the supraspinatus and its completion to the deltoid. Staples and Watkins,[4] however, in an excellent paper on evaluation of shoulder function after traumatic paralysis of the deltoid, have previously described the resultant near normal action exactly as the present author has found it. The clinical picture following deltoidectomy, as described in the above case report, reiterates almost identically the findings of these authors after specific paralysis of the deltoid from trauma to the axillary nerve. It now seems certain that in the absence of the deltoid only, remaining shoulder muscles function with adequate strength and carry the arm through a normal range of motion in a smooth, coordinated fashion with the exception of extension which is limited to about 50 per cent of its normal range.

SUMMARY

A case report has been presented in which a seventeen-month-old child has been treated for a fibrosarcoma of the soft somatic tissue of the upper arm. Wide local excision by means of complete deltoidectomy was the treatment rendered. Although only three years have elapsed, there is as yet no evidence of recurrence or

metastasis. With regard to the absence of the deltoid muscle, the author's findings are very similar to those of Staples and Watkins in noting the resulting near normal function of the shoulder joint. This additional example of shoulder function when there is selective absence of the deltoid would seem to substantiate the fact that, with the exception of shoulder extension, the deltoid is in most cases a purely assistive muscle with little specific action of its own, and that it can be sacrificed without significantly altering shoulder function.

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We Are Not Sufficient Unto Ourselves

By Bernard Luck, D.D.S., Chairman,
Michigan Cancer Coordinating Committee

"People's lives are not saved in the laboratory. Lives are saved where people are."

This was said by George Papanicolaou, MD, in urging the public and the medical profession to make full use of the tools that have been created for the control of cancer.

To promote the greater use of these tools in Michigan, the groups in this state most concerned with cancer have joined together to form the Michigan Cancer Coordinating Committee. Created in 1953 as the result of the foresight and urging of Wm. Hyland, MD, the Michigan Cancer Coordinating Committee helps these organizations, each with unique resources, to win gains over cancer that would be beyond their individual reach.

The statistics and nature of cancer are such that a unified attack on this disease is of major importance. This Committee reflects the spirit that is unifying the will and the resources of all mankind into a knockout blow against cancer.

The physician and the dentist joining hands with the researcher, the American Cancer Society and all of its units, the Michigan Cancer Foundation, the State Health Department and Health Officers Association and all the interested public who do so much, has created a team exemplifying a unity of purpose. Success will follow if we maintain cooperation, with no division of interest.

This togetherness, reaching to the grassroots of human nature, will result in a much earlier dissolution of the Cancer curse. Division and overlapping of effort, loss of personal contact and effort, all tend to make the fight a more expensive one, not only from the monetary standpoint, but in human life.

The fight against Cancer in Michigan is in good hands. We are organized to take a realistic view of the problems involved in public and professional education; we are working toward improvement in early diagnosis and treatment, compiling statistics, furthering research, and raising funds to make all of these objectives possible.

Working with people, reaching them in their homes, encouraging them to be members of our team, giving them the privilege of supporting this fight physically and financially, cannot help but hasten the ultimate—Victory over Cancer.

Let us stay united and live.

Michigan MD Authors

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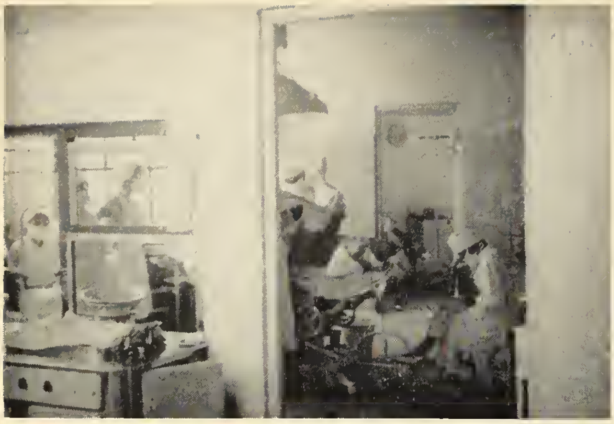

Fig. 1. Large surgical amphitheatre, Charles University Medical School, Prague.

Brief Medical Tour In Russia

By **HAROLD A. FURLONG, M.D., F.A.C.S.**
PONTIAC

The announcement by the World Medical Association of a medical study tour of Russia was an irresistible opportunity for a look behind the Iron Curtain. Although we recognized that there would be travel inconveniences (which later materialized), some inquiries convinced us that the visit would be safe, reasonably comfortable and vastly interesting.

Prague

We landed in Prague October 12, tired after twenty-four hours of travel.

Our first breakfast was a surprise as we were not accustomed to caviar, dill pickles and beer at that time of day. The rest of the day was a delightful experience in visiting the many cultural points of interest.

The second day, our party of doctors went to the various clinics of ancient Charles University Medical School. Professor Krause, the Chief of Gynecology, was most hospitable. His senior instructor spoke quite good English, and seemed pleased to have a chance to use his knowledge. The Gynecology Department occupied a large three-story building which impressed me as being somewhat drab. The patient beds were low cots, linen was unstarched, and there were very few visible comforts for the patients. Nursing, custodial and maintenance help appeared to be plentiful and the housekeeping was good.

In the operating suite, there was a commodious supply room that opened into the large surgical amphitheatre (Fig. 1). Most of the light came from the large windows along the outside of the room. Above each operating table, of which there were three in the room, were some rather antiquated overhead lights. We found that two or three operating tables in one large surgical room was the usual practice in Russia also. A radical vulvectomy for recurrent carcinoma was in progress. The surgeons seemed quite skillful. The instruments were certainly adequate if not new. Intratracheal anesthesia was being used and blood and intravenous fluids were in use or available. Cotton sutures were used entirely.

The next day, a hysterectomy was observed. My sympathy was real for the gynecologists who were obviously handicapped by the obesity of the patient, a situation not uncommon in our own country. When we were leaving the clinic the opportunity seemed propitious to ask some questions. The medical staff is all too well aware of the watchful eyes of the Communist officials. The income of the doctors is very low. The head of the department receives about three thousand dollars a year. Senior assistants receive less and for the years spent in medical studies, including specialization, the rewards are meager. My guide had a wife and two children, and living is not cheap behind the Red borders. Medicine is completely socialized.

Prague is an ancient smoke-grimed city, rich in history and culture. The streets have no traffic problem as automobiles are relatively scarce, and for the most part they are official cars. Streetcars and buses are numerous and crowded. The people

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do not look at all undernourished. Clothing is better than in Russia itself. The stores in the center of the city are abundantly stocked, at least with food, clothing, appliances and confections. How readily the people can afford to purchase them is a question, because purchasing power is low and everything by our standards is expensive. Recalling that Czechoslovakia was a flourishing democracy before it was overrun by the Germans and did not became a vassal of Russia until the defeat of Hitler, it was our feeling that Czechoslovakia was not so completely communized as Russia.

Moscow

After weeks of anticipation our arrival in Moscow proved disappointing. It was almost midnight. Hot soup had been prepared for us in a spacious airport dining room. That was welcome. Meals aboard Russian planes are pretty grim. A broad new super-highway leads to the city, but all was dark and cold. The apartment buildings were dark and the street lighting reminded one of the war-time partial black-outs. We were unable to make advance hotel reservations so we were forced to go wherever Intourist took us. This may be due to an actual shortage of hotel rooms and an effort to use all available facilities to the best advantage.

The Research Institute of Obstetrics and Gynecology was the first medical institution visited. (Fig. 2.) It is located in a very large building that could easily pass for a government office building. Under the direction of the Ministry of Health, U.S.S.R., the institution is devoted to research and postgraduate training in obstetrics and gynecology, according to a prearranged seven-year plan. In the obstetrics department, there are 145 beds, 45 of which are for pregnancies with pathology. The obstetrical beds, including labor, delivery and postpartum areas, are divided into two separate units. All the patients are delivered and cared for in one unit for one week. The unit is then closed and cleaned and the other unit comes into use. This is probably an effort to control possible infections.

Fig. 2. Research Institute of Obstetrics and Gynecology, Russia.

It is important for all of us to have as much information about Russia from as many different observers as possible.

Each one, whether banker, lawyer, industrialist, politician or physician, sees something different. A physician's view is presented.

The gynecology areas also have 145 beds for surgical cases, endocrinology and for child gynecology —15 beds. There are the usual ancillary services for biochemistry, physiology, pathology, etc. It is a very complete central teaching center, supplemented by four clinical branches elsewhere in the city with 600 beds in maternity homes. There are district welfare centers throughout the city from which patients are channeled to the maternity homes or the Institute.

Great attention is paid to psycho-prophylactic preparation for childbirth. The Institute is the stimulus for the lectures and demonstrations in the maternity homes and welfare centers as a part of prenatal care. The classes for expectant mothers are carefully planned and conducted.

Even in the Institute, photographs, posters and propaganda were in great evidence. Some patients who are judged to be emotionally unprepared for labor and delivery receive extra attention. To test their readiness, each patient is placed in a darkened sound-proof room, and connected by several leads to a polygraph located outside. The reactions of the patient to the cacophony of sounds and lights are recorded on the polygraph. This particular practice seems to be a corollary of the conditioned-reflexes theory of Pavlov fame which have great significance in Russian medicine.

Labor rooms have as many as twelve beds. One patient we were told was ready for delivery. The silence was profound. We questioned the use of sedation in labor but received no satisfactory answer and concluded it was not intensively used. Cesareans are performed in a separate surgical suite. Midwives conduct all normal labors. Postpartum patients remain ten days in the hospital. Early ambulation is not practiced. No regional anesthesia is used. Fathers are not allowed in the postpartum rooms, which means they do not see spouse or child for ten days. Most doctors are women. One male doctor was seen who was performing tubal insufflations. There are two or more operating tables in each surgical room, as we found in Prague. The

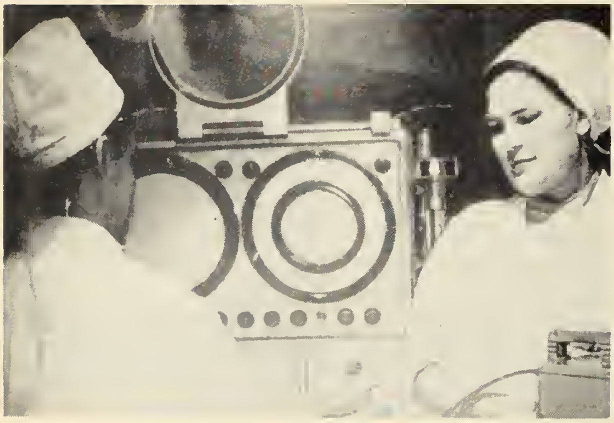

Fig. 3. Ultrasonic sound apparatus, used in study of pelvic tumors.

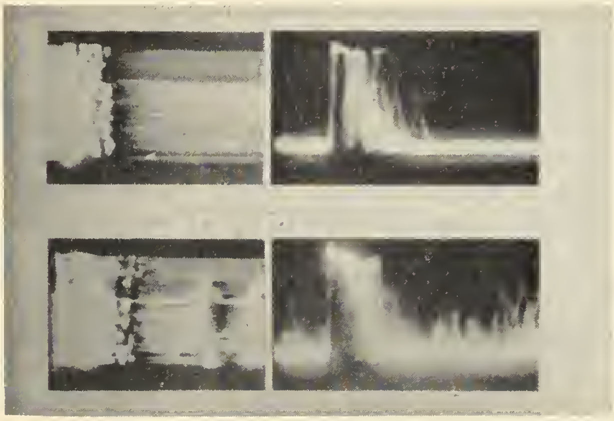

Fig. 4. The use of this machine in tumors of the genitalia. The top picture: Echogram of the uterine myoma (only the anterior wall of the tumor is shown). The bottom picture: Echogram of the bilocular ovarian cyst.

operators wear their street clothes under their sterile gowns.

One of the research projects in gynecology was the use of an ultrasonic sound apparatus, called UZD-4, in the study of pelvic tumors. The large cabinet (Fig. 3) projects on a screen the sound waves producing what the investigators call an echogram. In a solid tumor the sound waves are reflected from the anterior wall of the myoma, whereas in a bilocular ovarian cyst the sound waves pass through the fluid and reveal anterior and posterior walls (Fig. 4). Over one hundred patients had been studied with the machine and were to be used in a scientific paper for later presentation in London. The practicality of this device was not apparent to us.

Other procedures in common usage in this country were in vogue in Russia, namely, pneumo-peritoneum, endoscopy and laparoscopy. In women under 35, when it is necessary to remove the uterus for early carcinoma, a nutritive pedicle is left on at least one ovary, and that gland is then transplanted superiorly near the kidney. Later, when radiological treatment is given, the function of the ovary is preserved by proper shielding. Much more could be written of this excellent institution with its very extensive library filled with the medical journals and books of the entire world.

Of considerable scientific interest was the permanent Industrial and Agricultural Exhibition on a fifty-acre tract on the edge of Moscow. The latest developments in electric power production, agriculture, heavy industry, medical science, health, education, sanitation, petroleum and chemicals were extensively displayed and very attractively arranged. One building was largely occupied with the models of the latest Russian space projects from Sputnik to the most recent satellites. Audiovisual demonstrations were in operation and attracted crowds of interested people.

One entire building was devoted to medical science. Newly developed instruments and apparatus such as diagnostic cystoscopes, endoscopes and the usual surgical armamentarium were shown. We were attracted to the stapling gun they have developed. This instrument uses tantalum U-shaped staples mechanically to suture any hollow organ like the intestine or hilus of the lung (Fig. 5). This would be especially useful in doing a lobectomy. The largest gun will insert a row of staples up to 60 mm. Many of the devices displayed were developed by the Scientific Research Institute for Experimental Surgical Apparatus and Instruments. This body, composed of engineers, physicians and scientists of several disciplines, is under the direction of the Ministry of Health, U.S.S.R. The large staff designs and improves scientific apparatus, which we found were sale for abroad. Catalogues in English, French and Russian were distributed to visitors.

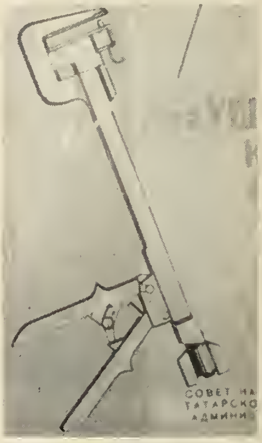

Fig. 5

Leningrad

The days spent in Leningrad were especially enjoyable. The city is not quite so feverish as Moscow appeared to be, and reflects more of the pre-revolutionary Russia in its numerous historical and cultural buildings. Our group spent the morning under the guidance of Professor Shustin at the main center of the Pavlov Institute, which has four branches elsewhere in the city, each concerned with some different phases of study pertaining to diseases of the nervous system. We had witnessed the practical use of the theory of conditioned reflexes in the Research Institute of Obstetrics and Gynecology in Moscow. It is not possible in this article to describe the work of this Institute as we heard it related. Research is directed to the study of the physiology of the highest nerve centers, such as sight, and the localization of various trophic areas of the lobes. After lobectomy, performed by surgery or electrically, the loss of functions such as salivation, coordination, spasticity and genital reflexes are investigated. It appeared that the Institute was endeavoring to expand the frontiers of knowledge of nervous diseases beyond the work of Pavlov at the time of his death.

Visiting a marriage palace may not be of medical importance but it was of considerable sociological and human interest value. After the revolution in Russia a marriage was a very perfunctory affair. The populace found this very unsatisfactory and probably under pressure the regime was forced to upgrade matrimonial arrangements for the people. As we well know, marriage in Russia had always been quite a festive occasion. Marriage palaces were established in some of the confiscated residences of the old nobility. This gave much more significance to marriage ceremonies for even in Russia the family is important to the state. We were fortunate in being witnesses of the nuptials of a comely young lady and an equally attractive young man (Fig. 6). After a visit to a state farm, which in itself was an adventure, we left Leningrad for the south of Russia.

Odessa

Our hopes of a warmer climate disappeared in thin air as we arrived in Odessa on the shores of the Black Sea. There was no heat in the hotel and we were most uncomfortable. Odessa is the location of the famous Filatov Institute for Research and Treatment of Ophthalmological Diseases. It is quite a large hospital, and more cheerful than others we had seen. We were guided by the woman director who spoke excellent English and who was most pleasant and eager to show us around. Patients are channeled here from all over Russia for treatment of eye diseases. Filatov had carried on extensive research and experimentation in corneal transplants and keratoplasty. Since his death in 1956, his work has been actively continued. Cadaver corneas are used, being sent from various cities in Russia for the corneal bank. Traumatic conjunctivitis, especially from lime burns, is very common among the patients.

Fig. 6. Wedding in marriage palace.

Filatov became interested in his later years in the therapeutic use of tissue transplants. He believed as a result of his experiences with corneal transplants that tissues of animals and plants acquire curative properties when isolated under adverse conditions.[2] He felt that biochemical changes resulted in the production of substances he called "biogenic stimulators" which, when introduced into a sick organism, stimulate vital reactions and promote recovery. He implanted animal and plant tissues, injected them subcutaneously, and later prepared aqueous extracts for use. He considered his work in the therapeutic use of tissue cultures to be his greatest achievement. After his death in 1956, his experiments were continued. Results have been claimed in many diseases, from parenchymous keratitis, atrophy of the optic nerve, bronchial asthma, leishmaniasis and a long list of other conditions. The members of the visiting party were not impressed by the claims for tissue therapy; in fact we began to raise our eyebrows and became very skeptical.

On returning home a search in current literature was made. While Filatov is mentioned in two articles it is my impression that therapy of tissue culture has not been as sympathetically received in American medicine as it has been noted in European and Russian practice.[1] Whenever a therapeutic measure is claimed to have such brilliant results in such a diversity of diseases, doubts arise.

Yalta

We were glad to leave the chilly hotel of Odessa and looked forward to Yalta, expecting warmer weather and we were not disappointed. Medically Yalta is not important but has great historic appeal as the location of the famous conference between Stalin, Churchill and Roosevelt during the Second World War. Yalta now is a rest area with many sanitariums located in the homes of czarist nobles. The climate is mild, the summer being especially pleasant. The famous Russian novelist and dramatist, Chekov, made his home there for several years and the residence is maintained as a museum for the literati. Incidentally, Chekov was a doctor of medicine who spent many years in a remote Siberian village working among the poor. He contracted tuberculosis there and eventually succumbed to that disease.

Socchi

Socchi on the east coast of the Black Sea was a delightfully warm and pleasant place to visit. The hotel was the best we had encountered. The flowers were profuse, palm trees were everywhere, and yet in the distance we could see the snow-capped Caucasian Mountains. Our medical attention was aroused by the elaborate sanitariums, of which there are fifty. The area is noted for the mineral waters present and the prevalent odor is quite apparent. The Matsesta Clinic is the center to which patients are sent from the surrounding rest homes and sanitariums for hydrotherapy. Appointments are made, the patients come in buses for their treatments. About 30 buses were parked in the area while we were there. Citizens are sent from their homes for a month, at no cost to them. Each carries a little notebook like a passport in which his treatments are recorded. Rheumatism, arthritis, hypertension, cardiac disease and upper respiratory diseases are given hydrotherapy supplemented by batteries of electronic gadgets.

Tashkent

In the southeast part of Russia, near the Afghanistan border, is the Republic of Uzbek, of which the capital is Tashkent. The Tashkent State Medical Institute is a postgraduate training center for most of the republic. A very great effort is being made to provide adequate medical personnel for an area which in the past apparently has been very inadequately provided with health and medical facilities. About 4000 students are in training. General medicine, sanitation, pediatrics and stomatology are taught in the postgraduate school. By attending evening class, students may complete their work in three years, and obtain their degree, and then spend a year in the daytime clinics and be prepared for general practice. After completing the studies at the Institute, students are sent into the country, wherever needed. At the end of two years they may return for special examinations at region hospitals. They are thus certified for certain operations. After a year of advanced training in the Institute, they may specialize for three years. About 12,000 doctors have been trained in specialties, and 10,000 assistant doctors, half of whom are natives, have studied here. Midwives are trained in special secondary schools in each region. Maternities are established in each area as well as special hospitals, and air assistance is available. Students receive a scholarship of 35 rubles a month (about $31.50 in U. S. currency) and some help is expected from the families. Meals are from 1 to 2 rubles daily (90 cents to $1.80).

AMA Clinical Convention
Miami Beach, Florida
Nov. 29-Dec. 2

The Tashkent Maternity Home has 475 beds, and is the largest district hospital in the Uzbek Republic, with 225 delivery beds, 150 gynecology beds, 45 postpartum beds for complications and 80 beds for abortions. The abortion beds intrigued us. Abortions are legal and about 6000 are performed each year in this hospital. A special room containing three tables is set aside for abortions. Most are done under three months, and we were interested in the suction curette used. This is attached to an aspirating pump such as is commonly used in our hospitals. When one considers that 8000 babies are born in the hospital each year, the figure of 6000 abortions is appalling. We were told there were 36,000 women in the district surrounding the hospital, of which 15,600 are able to conceive. That would mean that about every second woman has an abortion. Contraceptives are sold in the maternal welfare centers. Each year, 124 cesarean sections are performed, and the figure given for maternal mortality was 0.5 per cent with infant mortality at 0.9 per cent. This seems exceedingly low for that area. We were informed that only 32 babies in Tashkent were born at home in 1960.

The Tashkent area is the great cotton producing center of Russia. The manufacture of machinery devoted to the production and processing of cotton is the leading industry. The cotton mill employs about 17,000 people. A polyclinic of 400 beds with 188 doctors and 435 midwives staffs the institution which takes care of the workers and their families. Everything from board to medication is free. Workers receive 60 per cent of their salary when ill, and 90 per cent for employees with seniority. A woman has 56 days leave before and after delivery with full salary paid. In case of complications or many children her leave may be extended to 75 days. Ten kindergartens and nine government nurseries take care of the younger children. Children are immunized at age five or six months for smallpox and diphtheria; polio injections of Sabin serum are given annually. Tuberculosis is prevalent in the area and preventive injections are given. Children receive oral medication for dysentery prevention after three years, while adults receive annual inoculations for typhoid, dysentery and typhus. Death benefits of 60 per cent of salary are given the family, and if children survive the pension is paid to the age of 18 years.

Samarkand

Samarkand is an ancient city of 200,000 people. Alexander the Great invaded the area in the fourth century B.C. The Chinese mentioned it in their writings in the fifth century A.D. In 1220, Genghis Khan and his Mongol hordes devastated the area. In 1335, Tamerlane made it the capital of his empire from Persia to India. The ruins of the capital are the great attraction of the city.

In 1924, the Institute of Parasitology was founded, largely to combat malaria which was the scourge of the region. Thanks to the use of DDT and Atabrine and improved sanitation, malaria is no longer a major problem. Now the Institute is majoring in the control of other parasites such as ascaris lumbricoides. Pigs, cattle and goats are very numerous, and sewage disposal is minimal. Leishmaniasis, kalaazar and elephantiasis remain to be eradicated. Russia is attempting to open to agriculture large areas of virgin land. These lands are infested with a squirrel-like animal called a suslik. The fleas they carry infect humans and the animals are being killed as rapidly as possible. As pure water is available, filariasis is decreasing in incidence. People infected with filariasis are not allowed to bathe in the public pools, and basins known to be infested are filled in with earth.

Bovine tuberculosis is extremely prevalent in the Uzbek Republic, and a 500-bed hospital for the treatment of bone tuberculosis is located in Samarkand. Of these beds, 250 are for children, and in one room we saw about 75 children under school age suffering from tuberculosis of the spine. They were lying in their half-body casts in their cribs, seemingly uncomplaining as they were very quiet, and well attended by flies. We were informed that children are sent here from nearby republics or satellite nations for treatment in the specialized hospital.

Russia

Russia is definitely not a place to travel if one is expecting to find standards of accommodations found in American or European hotels. The food is palatable but very ordinary. The Russians are hospitable and friendly to the Americans, wanting to know more about the United States. We were surprised by the number of people who spoke English, which is a secondary language in their schools. In the fields of education and health, the Russians have made great progress since the Revolution 45 years ago. The literacy rate is steadily increasing; in fact, a virtual explosion is taking place. Almost as fruitful as the encouragement given to education is the stimulus given to public health, particularly in medical education and disease prevention. In czarist days, these were sadly neglected. Whatever else we may read or think about Russia, it has vast potentialities in world affairs.

Russia is a populous country of unbelievably rich resources that is rapidly emerging from centuries of industrial, educational and social repression into what may be a modern industrial colossus in a very few years. When that time comes, unless Communism gradually undergoes a metamorphosis into a more moderate regime, the threat to the peace of the world will remain.

References

1. Rogers, Blair O.: Transplant Bull., 4(1):47, 1957.
2. Filatov, V.: My Path in Science. Moscow: Foreign Languages Publishing House, 1957.

Smoking-Health Materials Distributed to Teachers

A comprehensive program to help teach children about the health hazards in cigarette smoking will be distributed to educators throughout the state this fall. The program was offered on a pilot project basis in some 100 schools during the spring. Various State organizations and agencies are cooperating in the educational effort.

Henry J. VandenBerg, Jr., M.D., chairman of the MSMS cancer control committee, functioned in a key role during the initial phases of the program's formulation.

The MSMS House of Delegates urged this type of educational programming at its 1963 session, and the AMA House of Delegates called for informational efforts at its recent 1964 session.

* * *

Article Reprinted in South

Lifelines, the publication of the South Carolina Alcoholic Rehabilitation Program, has reprinted the JMSMS article (October 1963) by Richard C. Bates, M.D., Lansing, about "Clues to the Diagnosis of Alcoholism." Doctor Bates is chairman of the MSMS Committee on Alcoholism and Drug Addiction.

Journal Articles Abstracted

Abstracts of two recent MSMS JOURNAL articles appear in the current issue of "LAB-QUICK," newsletter published by the Ames Company. The two scientific articles were by Robert A. Green, M.D., Ann Arbor, and associates, entitled "Unclassified Mycobacteria: Laboratory Experience," and by Albert DeGroat, M.D., Detroit, and associate, entitled, "Observations on Fluorescent Staining for the Detection of Acid-Fast Organisms in Sputa and in Tissues."

America's Number One Epidemic

A peculiarly American disease, so statistics tell us, is our national and apparently insatiable desire to destroy ourselves in automobile accidents.

As crash deaths and injuries mount, the obvious solution to this mania for self destruction lies in two areas—the driver of the automobile and the machine itself.

Imperative Education

Numerous programs, on national and local levels, are aimed continually at driver education—"Slow down and live" or "The life you save may be your own." It is obvious that driver training and education are imperatives, but as in any attempt to modify human attitudes, the program is slow. Automobile accident fatalities continue to rise in spite of official and voluntary efforts to turn the tide. We can only speculate at how high the statistics would soar if there were no driver education programs or accident prevention safety campaigns to hold deaths in check.

The other basic approach—concurrent with attempts to solve the human problem—is to the great big shiny machine the peculiarly motivated American uses to hurl himself down highways and byways.

The Measures

What can be done to the automobile itself to make it optimally safe? What can be done through research and manufacturing skill to protect the driver perhaps against himself, while others are working on his aptitudes and attitudes?

Four Michigan groups, in cooperation with Cornell Aeronautical Laboratory of Cornell University, are working on the answers to these questions. The Michigan State Medical Society, the Michigan State Police, the Michigan Hospital Association, and the Michigan Department of Health are the participating agencies. George H. Agate, M.D., Director, Division of Epidemiology, Michigan Department of Health, is serving as medical coordinator of the project.

Two previous two-year Automotive Crash Injury Research (ACIR) studies in Michigan ended on August 15, 1959, and April 1, 1962. During these initial studies a concerted effort was made by the cooperating agencies to report on all rural injury-producing accidents involving passenger cars in selected sampling areas of Michigan. With the approval of Michigan agencies an additional four-year study was begun November 1, 1963, during which only those injury-producing accidents in selected areas that involve passenger cars of the last four-year models are to be studied. As in the first studies, the limited study is to be conducted in the eight police districts for a six-month period as indicated in the accompanying list.

These are Michigan Police district area headquarters and serve as field coordination points for the eight field studies; only specified accidents investigated by the Michigan State Police are within the scope of the study.

The ACIR project in Michigan, to determine how automotive design can contribute to passenger safety, will succeed or fail based on reports supplied by Michigan physicians and State Troopers.

Period	*Date*	*District*
1	11/1/63— 4/30/64	#1
2	5/1/64—10/31/64	#7
3	11/1/64— 4/30/65	#4
4	5/1/65—10/31/65	#5
5	11/1/65— 4/30/66	#2
6	5/1/66—10/31/66	#8
7	11/1/66— 4/30/67	#6
8	5/1/67—10/31/67	#3

In Detail

The information from the Michigan State Police covers in detail the conditions surrounding the accident itself: road design, type of road, surface conditions, number of vehicles involved, estimated speeds, details of external damage to the involved vehicles, objects struck by occupants. Additional information is supplied by State Troopers on interior damage to the automobile, and photographs, when needed, will supplement the written report.

Step two in the chain of field research is the completion of the ACIR medical report form by the physician attending the accident victim. The form, which takes less than five minutes to complete, is given by the investigating trooper to the attending doctor or to the emergency room supervisor of the hospital to which the accident victim is removed. A separate medical report is submitted for each injured person; stamped self-addressed envelopes are supplied to physicians and hospitals to simplify submission of reports.

Coordination of reports from troopers and physicians is done in Lansing by the Michigan Department of Health. The package of field data is transmitted to Cornell Aeronautical Laboratory of Cornell University for intensive study. The physicians' reports are considered privileged medical information.

Will Not Disappear

Information from previous ACIR studies did not disappear into a statistical lost forest. Many life-saving features on the automobiles of 1964 came from these and similar studies. Strengthened door locks, recessed steering wheel posts, padded dash boards and sun visors, and, of course, safety belts are life-saving devices that might not be on our new cars without field research.

The need is obvious; the goal important and dramatic. For these reasons, the Michigan State Medical Society commends and supports the Automotive Crash Injury Research program.

MSMS Centennial Series: 1945, 1946

Michigan Foundation for Medical and Health Education Launched

— 1945 —

Before we tell the story of the work of the Society for 1945, I would like to say something about "Andy" Brunk, as we called him. I could easily use this page just to enumerate the work that this "Stalwart of Medicine" did for our Society and for the advancement of help to the sick.

I shall have to restrain myself and give the reader just a few of his contributions. He was very active in the Wayne County Medical Society and the Michigan State Medical Society, being President of each organization. He was a Founder and Former President of the Michigan Health Council. He was a well-known surgeon and owned the Marlin Place Hospital. Doctor Brunk died at the age of 67 on February 3, 1952. The title "Medical Statesman" could be rightly given him.

* * *

DURING 1945, BLUE SHIELD served 700,000 people. Approximately 200,000 persons received surgical services for which almost $8,500,000 was paid. MMS also repaid MSMS its original contribution of $17,544.

An amendment to the Michigan Constitution was proposed which would have controlled and dictated the future career of medicine. If voted in, it would have destroyed the private practice of medicine in this State.

A director of health insurance would have been authorized to make arrangements with duly licensed practitioners, specialists, consultants and clinics for services and supplies.

* * *

THE 1945 HOUSE of Delegates took the following actions:

1. A new statement was made to the effect that wards of the government were not indigent and that physicians should be paid for services to them.
2. The work of the Drafting Committee was approved to set up a group of principles that the profession would support when made the basis of national legislation amending the Social Security Act.
3. A special assessment of $25 was voted for various purposes, including a public relations and a public information program.

The outstanding activity of the new Michigan Health Council was the "Michigan Survey of Public Opinion," which verified the fact that the people look to the medical profession for guidance and action in the problem of complete distribution of medical care.

* * *

THE COUNCIL APPROVED the recommendation of its Medical Advisory Committee on Physical Rehabilitation that a uniform medical and surgical fee schedule, to apply to all governmental agencies, be adopted by the MSMS. A special committee to develop this schedule was appointed, which reviewed 25,000 items in 121 individual fee schedules. The Special Committee arrived at a Uniform Fee Schedule for Governmental Agencies which it felt was fair to all parties concerned. The House of Delegates approved the Schedule.

The 80th Annual Scientific Session of the MSMS, scheduled for Detroit, was cancelled. The War Committee on Conventions denied the request of the State Society to hold its Postgraduate Conference on War Medicine.

* * *

THE MICHIGAN FOUNDATION for Medical and Health Education was incorporated under the sponsorship of the MSMS. The purposes of the Foundation were "to acquire, provide, use, develop, endow, and finance methods, means, and facilities for postgraduate education in medicine, for lay health education, and for research fellowships and scholarships, all in such a manner as the Trustees shall determine." This replaces the MSMS Founda-

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The Author
WILLIAM J.
STAPLETON, JR., M.D.
MSMS Historian

Leading up to the MSMS Centennial in 1965, The Journal *is printing a series of articles by William J. Stapleton, Jr., M.D., Detroit, who is the MSMS Historian. This series began in the September, 1963, number of* The Journal *and will continue through August, 1965.*

tion for Postgraduate Medical Education, created in 1942.

— 1946 —

The February issue of THE JOURNAL took pride in claiming 14 "Firsts" for MSMS.

1. Plan for furnishing home office medical care for veterans.
2. Michigan Medical Service.
3. Extra-mural Postgraduate Education Courses in physician's own communities.
4. Michigan Foundation for Medical and Health Education.
5. Health Programs over WJR.
6. Annual Industrial Conferences.
7. Detroit-Denver Medical Public Relations Conferences.
8. Development of "outline" for needed medical legislation beneficial to the people.
9. Michigan Rheumatic Fever Control Program.
10. Medical Veterans' Readjustment Program.
11. Uniform Fee Schedule for Governmental Agencies.
12. Cancer Detection Clinics.
13. Organization of the Michigan Health Council.
14. Stimulation for creation of a National Health Congress.

* * *

THE FIRST annual Michigan Clinical Institute, sponsored by the MSMS in cooperation with the University of Michigan Medical School, the Wayne County Medical Society, and the U-M Department of Postgraduate Medicine, was planned for March 11-14, 1947.

Michigan Medical Service signed a contract with the Veteran's Administration to act as fiscal agent between the government and Michigan doctors who desire to render medical care to veterans. Michigan Medical Service adopted the Michigan Uniform Fee Schedules for Governmental Agencies for its payments.

The Council reorganized the Public Relations Committee with four sub-committees: Special Committee on Radio, Committee on Development of Literature, Committee on Distribution of Literature, and the Committee on the Cinema.

Andrew S. Brunk, M.D.
MSMS President, 1945-46

R. S. Morrish, M.D.
MSMS President, 1946-47

A newspaper advertising program, with 12 different ads prepared by the Public Relations Committee, was launched in newspapers throughout the State, inserted by the county medical societies.

Scientific radio presentations were aired by the MSMS and the University of Michigan Department of Postgraduate Medicine every Thursday over WJR.

* * *

THE OFFICE of Veterans Affairs adopted the Uniform Fee Schedule for Governmental Agencies, as of May 13, 1946. A spokesman praised the work done by physicians and declared that home-town care of veterans took the pressure away from the Veterans Administration hospitals at Dearborn, where all veterans previously were required to go for treatment.

The Michigan Health Council was busy organizing local community health councils.

The Annual Session held in Detroit broke all registration records. The final registration numbered 2,866 persons.

$250 Million Spent by Hospitals to Train Nurses

The operation of schools of nursing costs American hospitals an estimated $250 million a year, according to a report just issued by the National League for Nursing, New York.

In a six-year study on costs in nursing education, made under a grant from the U. S. Public Health Service, the league found that hospitals under public control spend more money to educate nursing students than do hospitals under private control. The report found that schools spend more on non-educational functions such as student maintenance than they do on educational functions.

The League researchers found also that (1) the median gross of educating one student for one year in a diploma nursing program is $2,600; the median net cost $2,300; (2) the median yearly income to the hospital per student to defray cost of the program is $250, and (3) the estimated value of the student's clinical experience to the hospital and other institutions in which she serves while learning nursing is $750.

Offer Eloise Booklet

An explanatory folder about the Wayne County General Hospital Psychiatric Division is available for interested physicians. A copy may be obtained from Sidney B. Jenkins, M.D., Directory, Psychiatric Division, Wayne County General Hospital, Eloise, 48132.

Summary of 1964 House of Delegates

This review of the proceedings of the 1964 House of Delegates of the Michigan State Medical Society in Detroit, September 20-22, represents the distillation of the deliberations of one hundred and fifty delegates. These delegates represent the fifty-five component county medical societies and their combined membership of nearly 7,000 Michigan doctors of medicine.

The resolutions, reports of committees and reference committees, and many other documents upon which the following actions were based is in the possession of the duly elected Delegates and those Alternate Delegates who attended and were seated.

If you require further information regarding any matter listed herein, any of these people, or the MSMS Headquarters in East Lansing, can provide you with additional details.

THE HOUSE OF DELEGATES ELECTED THE FOLLOWING OFFICERS AND COUNCILORS FOR THE COMING YEAR:

President-Elect.................................Luther R. Leader, M.D., Birmingham
Speaker of the House..............................James J. Lightbody, M.D., Detroit
Vice-Speaker of the House..........................Louis F. Hayes, M.D., Gaylord
Councilor, 1st District (to 1967)..Edgar E. Martmer, M.D., Grosse Pointe
Councilor, 1st District (to 1967)...............Don W. McLean, M.D., Detroit
Councilor, 1st District (to 1967)...........Robert K. Whiteley, M.D., Detroit
Councilor, 4th District (to 1967).............Don Marshall, M.D., Kalamazoo
Councilor, 5th District (to 1967)........C. Allen Payne, M.D., Grand Rapids
Councilor, 6th District (to 1967)...............Harold H. Hiscock, M.D., Flint
Councilor, 10th District (to 1965)........Edward H. Rodda, M.D., Bay City
Councilor, 14th District (to 1967)........Bradley M. Harris, M.D., Ypsilanti

Delegates to the AMA (two-year term):
Sidney Adler, M.D., Detroit
G. W. Slagle, M.D., Battle Creek
D. N. Sweeny, Jr., M.D., Detroit

Alternate Delegates to the AMA (two-year term):
Ralph R. Cooper, M.D., Grosse Pointe
O. B. McGillicuddy, M.D., Lansing
R. E. Rice, M.D., Greenville

Alternate Delegates to the AMA to fill vacancies (terms expiring 1965):
Wyman C. C. Cole, Sr., Detroit
Otto K. Engelke, M.D., Ann Arbor

THE REFERENCE COMMITTEE REPORTS AND RESOLUTIONS RECEIVED THE FOLLOWING FINAL ACTION BY THE 1964 HOUSE OF DELEGATES:

A. MATTERS DEALING WITH GENERAL STATE SOCIETY BUSINESS:

1. Urged that all members of component medical societies encourage their spouses to become members of the Woman's Auxiliary to the Michigan State Medical Society.

2. Amended the Constitution of MSMS to include provision for a classification of non-resident members of the Society.

3. Amended the MSMS Bylaws to provide procedures for filling vacancies on The Council occurring at a time other than during an Annual Session of the Society.

4. Clarified what is meant by the term "emergency" in regard to the seating of Alternate Delegates in the MSMS House of Delegates.

5. Adopted a definitive clarifying statement of MSMS policy with respect to the relationship between doctors of medicine and doctors of osteopathy as regards (1) voluntary professional association, (2) admission of osteopathic physicians to hospital staffs, and (3) participation of individual osteopaths in MSMS, regional and local educational activities.

6. Amended the MSMS Bylaws to permit each established section of MSMS to elect one delegate-at-large with the right of the floor but without vote.

7. Changed the designation of the "Nervous and Mental" section of MSMS to "Psychiatry and Neurology" section.

8. Authorized the immediate establishment of a Judicial Commission, appointed by the President of MSMS, to both act as a review and advisory committee in matters concerning medical care and frequency of use and also to prepare recommendations providing for a permanent Judicial Board and System to become effective immediately following the 1965 Annual Session of MSMS. Also suggested a necessary change in the Constitution of MSMS for adoption in 1965.

9. Conferred Life Membership on all who serve as President, Chairman of The Council, or Speaker of the House of Delegates of MSMS.

10. Suggested adoption, in 1965, of a new name for the Michigan State Medical Society: Michigan Medical Association.

11. Conferred annual special expense allowance of $1,000 on the President of MSMS, the Chairman of The Council, and the Speaker of the House of Delegates.

12. Strongly urged support of all doctors of medicine of both the Michigan Doctors Political Action Committee and AMPAC.

13. Determined to press vigorously forward with plans to obtain financing for the Health Fair in Cobo Hall, Detroit, to highlight the 100th Anniversary of the Michigan State Medical Society in 1965.

B. MATTERS DEALING WITH THE COUNTY MEDICAL SOCIETIES:

1. Amended the Bylaws of MSMS to permit reduced MSMS dues to

Summary of House of Delegates, Continued:

physicians during their first year of practice even when county society exacts no dues.

2. Approved four suggestions for the guidance and control by private medicine of improved and enlarged emergency room care in hospitals and urged their consideration by all component MSMS county societies.

3. Urged all component societies to take every possible step to more fully implement the Kerr-Mills (MAA) Law at the local level.

4. Asked all county societies to urge their members to provide medical services for organized athletic programs.

5. Supported the principle of voluntary area-wide hospital planning where done by a committee on which physicians in private practice, appointed by the medical society involved, have adequate representation.

6. Urged all component societies to initiate counselling courses for careers in both medicine and the para-medical fields based upon information to be supplied by the Michigan State Medical Society.

7. Determined to re-charter all MSMS component medical societies with an appropriate ceremony as a part of the 1965 Centennial year celebration of the Society.

8. Reinstituted the annual award of "Michigan's Outstanding Physician" and directed that consideration be given to both professional and civic accomplishments.

9. Stated that boards of trustees of all private non-governmental hospitals in Michigan should be urged to consult with and obtain the approval of the medical staff by democratic nomination and/or election of all chiefs of staff, or services, prior to their appointment.

10. Encouraged and urged resumption of co-sponsorship of county medical societies and local health departments, and the support and cooperation of all physicians in the Michigan Diabetes Detection Program.

11. Urged initiation of active loan and scholarship programs on the part of all component county societies for medical students residing in, or coming from, such counties.

C. MATTERS RELATIVE TO COMMITTEES

1. Directed continuation of an advisory committee of the House to coordinate the House of Delegates with the MSMS Council's Centennial Committee.

2. Elevated all present scientific committees listed in the MSMS By-laws from their former status of subcommittees of the Public Health Committee to that of Standing Committees of the Michigan State Medical Society.

3. Redefined the composition of the MSMS standing committee on Public Health.

4. Redesignated the former committee on Geriatrics as the MSMS Standing Committee on Aging.

5. Called for continuation in 1965 of a Joint Committee on Medicine and Osteopathy, with members from the House of Delegates, The Council, and members-at-large, appointed by the President, to consider matters including possible future MD licensure of persons now licensed to practice as DOs in Michigan.

6. Directed development by the Committee on Constitution and By-laws of detailed criteria by which established MSMS sections may elect delegates-at-large to the MSMS House of Delegates, plus consideration of the new sections on Orthopedic Surgery and on Allergy and Applied Immunology.

7. Empowered the Committee on Rural Medical Service to explore establishment of preceptorships in community hospitals for observation by medical students of general practice, draft deferment for recent graduates' service in rural communities in urgent need of medical care, and promotion of more consultation services in rural community hospitals.

8. Recommended to the Scientific Radio and Television Committee exploration of video-taping its programs so that they might be reproduced for county societies not having live programs.

9. Directed appointment by The Council of a special committee to enhance coordination between private practice and public health services.

10. Directed the study by an appropriate MSMS committee of malpractice insurance, with a report to the 1965 House of Delegates regarding a possible MSMS company to provide same.

11. Directed establishment by an appropriate committee, of standards and procedures for classification and licensure by the State of Michigan of medical facilities for the care of subacute illness.

D. MATTERS DEALING WITH LEGISLATION AND GOVERNMENTAL AFFAIRS:

1. Directed that MSMS continue to work toward the ultimate goal of establishing in Michigan a single medical practice law.

2. Recommended effort to have information regarding tetanus immunization furnished by the Michigan Health Department sent with all issued drivers licenses, and urged that in the future drivers licenses carry the status of the licensee's tetanus immunization.

3. Assigned study of a proposed new General Court Rule in Michigan involving physician-patient relationship to the appropriate committee determined by The Council, MSMS.

4. Requested The Council to look into the entire matter of malpractice insurance coverage, its availability, rates, etc.

5. Requested the State Board of Registration in Medicine to answer specific questions regarding the adequacy of its present budget and legal powers of enforcement.

6. Approved federal government subsidization of elderly individuals having limited means in the private purchase of health insurance in the open market, with federally established minimum standards of financial responsibility and of benefits to be met by the involved insurance companies.

7. Directed that any necessary steps be taken to initiate state legislation to modify and improve Michigan's Medical Aid to the Aged (Kerr-Mills) program.

8. Stated that any medical educational policies of tax-supported medical schools should be estab-

Summary, Concluded:

lished only after consultation with organized medicine.

E. MATTERS CONCERNING PARA-MEDICAL AND ALLIED SUBJECTS:

1. Directed that the report entitled "Physician-Hospital Relations," prepared by the AMA Council on Medical Service's Committee on Medical Facilities, be made available to all hospital administrators in the State of Michigan by the Executive Office of MSMS.

2. Urged all physicians to encourage their employees to become members of the Michigan State Medical Assistants Society.

3. Directed establishment of a committee to assemble pertinent information concerning careers both in medicine and para-medical fields and to send the same to the county societies so that they can initiate counselling courses.

F. MATTERS DEALING WITH BLUE SHIELD AND PRE-PAYMENT PLANS GENERALLY:

1. Endorsed in principle the adoption of merit rating by Michigan Medical Service.

2. Directed The Council to appoint, by January 1, 1965, a fact-finding committee of physicians, without punitive powers, to evaluate utilization of prepaid medical services rendered in Michigan. Sources of information submitted to this committee are not to be identified as to physician or patient.

3. Adopted a policy that both the monetary unit value and the relative value for each field of medical practice (surgery, medicine, radiology and pathology) be considered separately and independently.

"Best in Show"

A water color by M. W. Jocz, M.D., Grosse Pointe Park, was declared "Best in Show" at the Annual Art Show for Michigan Physicians and their Wives in conjunction with the Annual Session in Detroit, September 22-23-24. His work was entitled "Snow Scene."

Oliver B. McGillicuddy, M.D., right, who was installed as President of MSMS for 1964-65 at Detroit, receives a gavel from Orlen J. Johnson, M.D., Bay City. The formal installation was before the State Society Dinner Dance during a short Annual Meeting of The Society.

Policy Explained Re Political Statements

After discussing the question of a member of MSMS making any statement for any political candidate, the MSMS Council's County Society Committee recommended that the MSMS President make a policy statement.

Following is an explanatory statement by Orlen J. Johnson, M.D., Immediate Past President:

> *"Candidates for or holders of political office frequently ask for the position of organized medicine on health issues. No health issue is as uncomplicated as it appears on the surface. An uninformed physician's opinion may be at variance with the attitude adopted by the organization after exhaustive study by committees. To misinform these people results in confusion and sometimes requires a great deal of unnecessary work to overcome unfavorable action.*
>
> *"With the coming election we can only ask that all physicians call Michigan State Medical Society office for the official stand on any health issue. It will save embarrassment and work for us."*

"Certificate of Commendation" Voted for Six

Six Michigan physicians were presented "Certificates of Commendation" at the House of Delegates for "Outstanding Contributions to Medicine in Michigan."

The MSMS House of Delegates voted the coveted awards to: Goldie B. Corneliuson, M.D., Lansing; John S. DeTar, M.D., Milan; Robert N. Heavenrich, M.D., Saginaw; Norman F. Miller, M.D., Ann Arbor; E. Gifford Upjohn, M.D., Kalamazoo, and Orus R. Yoder, M.D., Ypsilanti.

Pick Doctor Leader, President-Elect

Lightbody, Hayes Eight Councilors All Returned

Luther R. Leader, M.D., Birmingham, was elected at 12:02 a.m., Wednesday, September 23, by the MSMS House of Delegates as President-Elect of the Society. The election was unanimous.

Doctor Leader will take office in the fall of 1965 and serve during the MSMS Centennial year.

The Delegates unanimously re-elected James J. Lightbody, M.D., Detroit, as Speaker of the House, and renamed Louis F. Hayes, M.D., Gaylord, as the Vice Speaker.

Eight members of the MSMS Council were re-elected. Returned as Councilors for the 1st District were Edgar E. Martmer, M.D., Grosse Pointe; Don W. McLean, M.D., Detroit, and Robert K. Whiteley, M.D., Detroit.

Others elected for full three-year terms were Don Marshall, M.D., Kalamazoo, 4th District; C. Allen Payne, M.D., Grand Rapids, 5th District; Harold H. Hiscock, M.D., Flint, 6th District, and Bradley M. Harris, M.D., Ypsilanti, 14th District. Incumbent Edward H. Rodda, M.D., Bay City, was elected to fill a term expiring in 1965.

Sidney Adler, M.D., Detroit, was elected a Delegate to AMA and renamed as Delegates were George W. Slagle, M.D., Battle Creek, and D. N. Sweeny, Jr., M.D., Detroit. Chosen as Alternate Delegates for 2-year terms were Ralph R. Cooper, M.D., Detroit; Oliver B. McGillicuddy, M.D., Lansing, and Robert E. Rice, M.D., Greenville.

Elected as Alternate Delegates to terms expiring in 1965 were Otto K. Engelke, M.D., Ann Arbor, and W. C. C. Cole, Sr., M.D., Detroit.

Terms of the Delegates and Alternate Delegates will begin January 1, 1965. The current delegation of the AMA will serve through the November AMA meeting in Miami.

"Congratulations" are exchanged between two men elected by the MSMS House of Delegates. James J. Lightbody, M.D., left, Detroit, was unanimously renamed Speaker of the MSMS House of Delegates, and Luther R. Leader, M.D., right, Birmingham, was unanimously chosen as President-Elect. Doctor Leader will be installed at the 1965 Centennial Session in Detroit.

Doctor Hiscock To Continue to Lead Council

Harold H. Hiscock, M.D., Flint, was elected September 24 by members of The MSMS Council to serve as Chairman for his second term.

In the organizational meeting of The Council, Robert J. Mason, M.D., Birmingham, was re-named Vice-Chairman.

Bradley M. Harris, M.D., Ypsilanti, was chosen to continue as chairman of the Publication Committee. C. Allen Payne, M.D., Grand Rapids, again heads the Finance Committee. Ross V. Taylor, M.D., Jackson, is the new chairman of the County Societies Committee. Edgar E. Martmer, M.D., Grosse Pointe, declined nomination for another term as County Societies chairman.

The membership of The Council for 1964-65 will remain the same as the past year, following the re-election September 22 of six councilors by the House of Delegates.

Mental Health AID Newsletter Offered

Designed to be of both general and technical assistance to physicians, the first issue of a new publication, "A I D," has been distributed to over 300 physicians and lay mental health leaders throughout Michigan by the MSMS Mental Health Committee.

"A I D" (Advice, Information, and Data) issue No. 1, which contains complete background on the new Michigan community mental health services law and the law itself, also incorporates a section of specific psychiatric information prepared by the MSMS Mental Health Committee for reference by physicians.

MSMS Offers PG Programs

The annual Fall MSMS Postgraduate Education Extramural Programs will begin October 6 at Battle Creek.

Under the direction of the MSMS Postgraduate Education Committee, 10 programs will be held in the Lower Peninsula and nine in the Upper Peninsula, according to John M. Sheldon, M.D., Ann Arbor, committee chairman.

The MSMS Committee advanced plans for the fall programs when it met in August at the MSMS Headquarters. The Committee is hopeful to continue its experimentation in efforts to improve the postgraduate work, and will have more new features for the spring events.

In 1963, the fall series drew 608 doctors.

A brochure listing all the speakers and their topics will be sent to every MSMS member. Anyone wishing detailed information may write to the MSMS Postgraduate Education Committee, MSMS, 120 West Saginaw, East Lansing.

The following calendar is organized chronologically:

Lower Peninsula:

October 6 —Battle Creek
October 16—Muskegon
October 20—Lansing
October 20—Niles
October 29—Alpena
November 12—Grayling
November 12—Midland
November 12—Petoskey
November 17—Jackson
Date to be set—Traverse City

Upper Peninsula:

October 19—Sault Ste. Marie
October 20—Escanaba
October 20—Manistique
October 20—Ironwood
October 21—Calumet
October 21—Menominee
October 22—Iron Mountain
October 22—Marquette
Date to be set—Ontonagon

* * *

Honor Two Employees

Two MSMS employees were honored by the 1964 House of Delegates as part of an authorized program to recognize years of service.

This year, the Delegates applauded the presentation of a 10-year award to Warren F. Tryloff and a 5-year award to Herbert A. Auer.

AMA Enlists Teachers, Others As Affiliate Members

The American Medical Association has broadened its category of affiliate membership to encourage enrollment of physicians, teachers of medicine, scientists not otherwise eligible to join, dentists, and pharmacists.

County and State medical societies have been urged by the AMA to encourage eligible persons in this category to join the AMA, particularly the teachers and scientists. Affiliate memberships for these persons would encourage support of AMA programs and improve relationships with medical colleges.

CALENDAR OF COMING EVENTS

October 15-17—University of Michigan Medical Center Alumni Conference, Ann Arbor.

October 16—Hospital Section of Michigan Library Association, Jack Tar Hotel, Lansing.

October 21-22—Michigan Tuberculosis and Respiratory Disease Association and the Michigan Thoracic Society, Statler-Hilton Hotel, Detroit.

October 18-24—"Michigan Community Health Week"

November 5—South Western Michigan Clinic Day, Battle Creek.

November 11-12—Michigan Academy of General Practice, Annual Fall Postgraduate Clinic, Sheraton-Cadillac Hotel, Detroit.

November 13-16—National Society for Crippled Children & Adults, Statler-Hilton Hotel, Detroit.

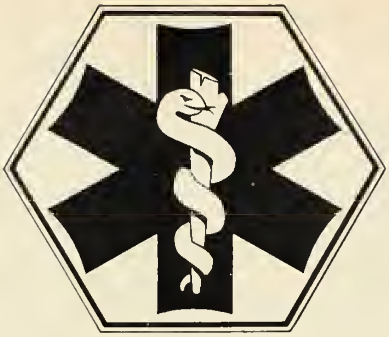
November 14-15—Michigan Allergy Society, Midwest Forum on Allergy, Henry Ford Aud., Detroit.

December 16-18—Michigan Department of Health, Epidemiology Conference, Jack Tar Hotel, Lansing.

1965

Feb. 22-26—Canadian-American Medical and Dental Ski Ass'n, Boyne Highlands, Harbor Beach.

OUR STATE SOCIETY



Offer Emergency Medical Identification Cards

With the adoption by the AMA of the universal medical alerting symbol shown above, the American Medical Association prepared a wallet-sized emergency medical identification card to be carried by persons with conditions which could be aggravated by accident or by incompatible medication.

The MSMS now makes these Emergency Medical Identification Cards available for members to issue to patients needing them.

MSMS also offers an educational brochure for use in the office.

A mailing was made in September to every MSMS member with an order form. If you have not returned yours, or have mislaid it, then just write to MSMS for an initial supply. Additional supplies are available as you need them.

> *The American Medical Association, on the advice of its Committee on Emergency Medical Identification, developed the symbol which it offers for use on all emergency medical identification signal devices and identification cards. It is the hope of the AMA that it will become the universal lable of emergency information.*

It is intended to supplement rather than replace the identifying symbols presently distributed by various organizations and agencies, the AMA explains. A list of firms using the symbol on various medallions, etc., was sent to every MSMS member with the order form. The MSMS Public Relations Committee recommended this approach to the Council, leaving the particular device a choice for every doctor to make.

The MSMS project has been supported by the House of Delegates, The Council, and the Public Relations Committee. A House resolution supported the idea by pointing out, in part, that "the knowledge of the type of illness which a patient may have and the medication which he is taking is of utmost importance in an emergency situation."

The AMA Department of Health Education has urged,

> *"We hope that all medical associations will join us in the promotion of this symbol as the universal indicator of the presence of emergency identification. We also hope you will join in the wide distribution of the new Emergency Medical Identification Cards which can be a valuable supplement to many of your public service programs."*

The symbol on the card or displayed on a wristlet, an anklet, a medallion around the neck or elsewhere will be a sign that there are vital medical facts on a personal health information card in the bearer's purse or wallet or on an alerting device.

The symbol is a hexagon-shaped emblem containing a six-pointed figure, or sign of life. Superimposed on the figure is a staff with a snake entwined about it—the staff of Aesculapius.

Michigan PTA's to Help Sponsor Self-Help Courses

The Michigan Congress of Parents and Teachers at its convention adopted 18 resolutions—including two of direct interest to county medical societies and doctors.

During the coming year, the 400,000 PTA members in Michigan will be urged "to help sponsor the Medical Self Help courses prepared primarily to enable families to meet emergency situations during natural disasters or wartime conditions." In many communities, PTA units work with school officials, county medical societies and allied groups to offer such courses to the general public and also to high school students.

PTA units and members also were urged to join in studies of community mental health needs. Most PTA units have health and/or mental health committees.

Other resolutions dealt with various aspects of education, child welfare, safety, recreation, and other subjects related to better homes, schools and communities.

Herbert A. Auer, of the MSMS staff, is secretary of the Michigan Congress of Parents and Teachers.

(Turn to Page 726)

LOMOTIL®

Each tablet and each 5 cc. of liquid contains:
diphenoxylate hydrochloride . . . . 2.5 mg.
(Warning: May be habit forming)
atropine sulfate . . . . 0.025 mg.

- lowers motility promptly
- relieves spasm promptly
- stops diarrhea promptly

Lomotil fulfills the first order of treatment in most patients with diarrhea—prompt symptomatic control.

Pending discovery of the cause, early cessation of diarrhea is almost always urgently indicated. Prompt symptomatic control averts distress, dehydration and, frequently, severe exhaustion.

Both experimental and clinical evidence indicates that Lomotil exerts such control efficiently, safely and with maximal promptness.

dosage:

The recommended initial *adult* dosage is two tablets (2.5 mg. each) three or four times daily, reduced to meet the requirements of each patient as soon as the diarrhea is controlled. Maintenance dosage may be as low as two tablets daily. *Children's* daily dosage (in divided doses) varies from 3 mg. for a child of 3 to 6 months,to 10 mg. for one 8 to 12 years of age.

cautions and side effects:

Lomotil is an exempt narcotic; its abuse liability is low and comparable to that of codeine. Recommended dosages should not be exceeded. Side effects are relatively uncommon but among those reported are gastrointestinal irritation, sedation, dizziness, cutaneous manifestations, restlessness and insomnia. Lomotil should be used with caution in patients with impaired liver function and in patients taking addicting drugs or barbiturates.

Lomotil is a brand of diphenoxylate hydrochloride with atropine sulfate; the subtherapeutic amount of atropine is added to discourage deliberate overdosage.

SEARLE
Research in the Service of Medicine

45 Physicians Awarded Coveted 50-Year Pins

One of the highlights of the 1964 House of Delegates meeting was the presentation of the coveted "50-Year Pin" to 45 members of the Michigan State Medical Society.

The physicians able to attend the Detroit meeting received the pins on Tuesday morning, September 22, before the applauding delegates. The pins will be mailed to the men who were not able to be present. Following the ceremony, the physicians enjoyed a luncheon and the opportunity to reminisce about their early days of practice and about the many changes they have seen in the half-century.

Following is the list of awardees:

Calhoun County
R. H. Baribeau, M.D., Battle Creek
Carl G. Wencke, M.D., Battle Creek

Cass County
S. L. Loupee, M.D., Dowagiac
F. L. Pierce, M.D., Dowagiac

Clinton County
W. B. Fillinger, M.D., Ovid

Ingham County
Milton Shaw, M.D., Lansing

Kent County
David B. Hagerman, M.D., Grand Rapids

Monroe County
Clarence D. Barrett, M.D., Monroe
Reginald W. McGeoch, M.D., Monroe

Macomb County
A. B. Bower, M.D., Armada

Oakland County
Frank A. Mercer, M.D., Birmingham
John K. Ormond, M.D., Pontiac

Wayne County
Herbert C. Allison, M.D., Detroit
Stilson R. Ashe, M.D., Detroit
L. Byron Ashley, M.D., Fort Lauderdale, Florida
Carl C. Birkelo, M.D., Winter Park, Florida
Ladislaus Bogusz, M.D., Leisure City, Florida
Audrey O. Brown, M.D., Pleasant Ridge
Dudley W. Byers, M.D., Detroit
George L. Caldwell, M.D., Detroit
Malcolm D. Campbell, M.D., Detroit
Aaron L. Chapman, M.D., Pensacola, Florida
Clarence M. Clark, M.D., Detroit
Harold E. Clark, M.D., Southfield
Lyman W. Crossman, M.D., Detroit
Ira G. Downer, M.D., Detroit
Samuel J. Eder, M.D., Detroit
Herbert E. Fogt, M.D., Detroit
R. John Hardstaff, M.D., Grosse Pointe
Arthur B. Henderson, M.D., Detroit
Leslie T. Henderson, M.D., Detroit
J. Stewart Hudson, M.D., Grosse Pointe
Bror H. Larsson, M.D., Detroit
Arlington F. Lecklider, M.D., Grosse Pointe
Harry Lewin, M.D., Detroit
Orlando W. Pickard, M.D., Detroit
Harry C. Saltzstein, M.D., Detroit
Simon H. Sauter, M.D., Detroit
Arthur E. Schiller, M.D., Detroit
J. G. Slaughenhaupt, M.D., Detroit
Eugene Steinberger, M.D., Detroit
Albert M. Wehenkel, M.D., Detroit
David Weingarden, M.D., Detroit
Gerald A. Wilson, M.D., Detroit

Legislative Appropriations Increased for 1964-65

A total of $57.4 million was authorized for capital outlay building programs for 1964-65 by the 1964 session of the state legislature. This represents an increase of $23.4 million over the preceding year. Some of the capital outlay appropriations of special interest to MSMS members are the following:

Authorization of $6.56 million, almost double last year's appropriation, for building and improvements in Michigan's mental health facilities, including,

—$400,000 to complete construction of a day school building and an 18-bed addition to the Hawthorn Center in Northville.

—$670,000 to complete construction of a $1.5 million Research wing to the Lafayette clinic facility in Detroit.

—$786,500 to complete construction of a $1.3 million, 200-bed facility for toddlers at the Plymouth State Home and Training School.

—$500,000 to start construction of a new 80-bed children's unit at the Pontiac State Hospital.

—$600,000 to start construction of a 110-bed building for physically handicapped at Plymouth State Home and Training School.

* * *

Authorization of a record $32.55 million for building and improvements in Michigan's facilities for higher education, including,

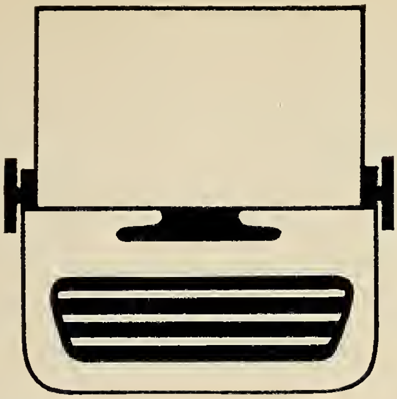
—$500,000 to continue a $3.8 million project of renovation of the medical center facilities at the University of Michigan.

—$2.75 million to complete construction of a $6 million chemistry building at Michigan State University.

—$1.8 million to complete construction of a new $3.4 million physics building at Wayne State University.

—$176,000 to complete the construction of a $2.7 million science building at Central Michigan University.

—$750,000 to start construction of a $3 million science building at Northern Michigan University.



EDITORIAL VIEWS

Strep Culture Saves Lives

There is an article appearing elsewhere in this journal by Dr. Preston which focuses interest on throat culture as a vital step in the adequate treatment of streptococcal pharyngitis and subsequent rheumatic fever prevention.

There are perhaps 20,000 new cases of acute rheumatic fever reported in the United States annually. This number is staggering when one stops to think that acute rheumatic fever is a completely preventable disease.

With other infectious diseases including polio, diphtheria, whooping cough and measles now under control, it seems an appropriate time to focus attention on rheumatic fever prevention. A three-prong attack on this childhood crippler is necessary to eradicate the disease from our population, *viz.*, parent education, physicians education and laboratory education.

Parents must be made aware of the possible complications of acute sore throat or tonsillitis. In this day of overburdened medical practice this would appear to be putting another straw on the camel's back. However, time must be made for this type of patient, perhaps at the expense of seeing patients with lesser illnesses. The small additional cost of adequate bacteriologic diagnosis should be acceptable to the general public, witness the wide acceptance by the laity of the vaginal pap in cervical cancer prophylaxis. In fact, throat culture in the long run would cut patient cost by allowing the physician to selectively treat streptococcal infections and withhold unnecessary antibiotic treatment of non-bacterial pharyngitis.

The most important link in the educational program is physician education. We must go back to the medical school level and re-educate the young physician and the young pediatrician regarding the value of throat culture.

It has been well established that a clinical diagnosis of streptococcal pharyngitis is virtually impossible. In this era of sophisticated diagnostic procedures with the utilization of all the physical sciences such a simple and time-honored procedure as throat culture may seem mundane. However, all too often we hear the young physician talk about pneumococcal pharyngitis, staphylococcal tonsillitis, antibiotic sensitivity testing of normal flora.

With the disappearance of diphtheria from our population only Group A beta-strep remains as a cause of bacterial infection in older children and adults. The problem of Hemophilus infection is specifically confined to infants and should be dealt with separately and individually.

Laboratory directors and clinical bacteriologists must come down from their ivory towers. Instead of being taxonomists and meticulously identifying all of the species and subspecies of normal flora, they must focus attention on the only serious pathogen in the throat, namely, the Group A beta-hemolytic strep.

Perhaps some of the confusion that has occurred on the evaluation of throat cultures and subsequent rejection of these as a diagnostic tool has been the fault of the microbiologist who insists on this endless reporting of useless data. The bacteriology laboratory has become updated with the advent of immunofluorescence as a diagnostic tool. Group A streptococcal infection can now be diagnosed with accuracy in a matter of hours.

There is no reason why any child should have adequate therapy withheld in streptococcal pharyngitis for want of an adequate bacteriologic diagnosis.

These points are well brought out in the recent study by Dr. Jeremiah Stamler in conjunction with the Chicago Board of Health. He reviewed 110 cases of acute rheumatic fever; 95 per cent of those children had a history of acute respiratory infection within five weeks prior to attack. Only 50 per cent of these sought medical attention. Of those seeking medical attention, only 27 per cent had throat cultures, a third of which were positive for betahemolytic strep, but in only one instance was the streptococcus specifically grouped.

These data certainly demonstrate defects on the part of physician, parent and laboratories in carrying out a program for the prevention of rheumatic fever. In these days of preventive medicine all three groups need updating.

Bodies, Minds and Souls

By Richard Rapport, M.D., Flint, Chairman,
MSMS Committee on Medicine and Religion

The physician and the clergyman are dedicated to a common task—the healing of bodies, minds and souls. Yet, members of the two professions seldom join forces to provide the best possible care for the patient-parishioner.

In September of 1961 the American Medical Association, aware of this problem, established a Department of Medicine and Religion under the outstanding leadership of the Rev. Dr. Paul McCleave. An Advisory Committee was appointed by the Board of Trustees of the American Medical Association to help formulate goals and methods to achieve them. In the fall of 1962, a group of 20 county medical societies were selected to conduct pilot programs designed to bring together physicians and clergymen. Varying programs were explored and evaluated at the local level in an effort to promote the desirable liaison between the two professions.

Approximately one year ago, the MSMS Council appointed a Committee to implement such a program in Michigan. County society committees have subsequently been established in the larger population areas where programs are being developed. Expansion to include all county societies in Michigan is anticipated.

Response by the medical profession, by the clergy, and especially by the patient, has indicated that a vital need exists for better understanding. Problems are concerned with such diverse and vital areas as life and death, adjustment to deformities and disabilities, suicide, terminal illness, psychological disturbances and prevention of unwarranted lawsuits. There are no black and white answers to the decisions involved, since each illness, each patient, each family and, indeed, each doctor and each minister present unique situations. It is imperative that every problem be dealt with within the scope of its peculiar circumstances.

The average family places such confidence in its clergymen as well as in its physician that consultation between the two should be the rule rather than the exception. Resultant from such consultations should come collective judgments to provide for the most effective care and treatment of the patient as a whole man.

Your state committee is anxious to assist in the organization of county committees and to suggest methods to achieve the desired goals. Once established each committee should design programs adapted to their peculiar circumstances, since varying local conditions mitigate against state and national direction. The possibilities are unlimited and the benefits to be gained invaluable for the doctor, for the clergyman, for the community, and, especially for the patient.

Community Health Week

By Norman A. Welch, M.D.,*
AMA President

America will mark the second observance of Community Health Week next October 18-24. State, county and local medical societies and allied health groups across the land will join in planning and presenting community activities appropriate to the occasion.

We have a story to tell—a remarkable story of enormous progress in the health field and of the new achievements and conquests that are occurring, step by step, almost daily.

We urge all of you to invite both public and private health agencies to participate in Community Health Week and to be your full partners in developing the most appropriate local program for the observance. Community Health Week should represent an outstanding demonstration of cooperation between the medical profession and community health agencies.

---

*Doctor Welch, who wrote this editorial in late August, died unexpectedly September 3 while on a speaking tour in Colorado.

The primary goal of Community Health Week, as envisioned by the House of Delegates of the American Medical Association in authorizing the program at its 1962 Clinical Convention in Los Angeles, is to focus public attention, at the community level, on the health progress and medical advances that have been made. The accent should be on the quality of each community's health services and facilities.

By dramatizing the fact that existing medical and health services are the fruits of community teamwork and planning in past years and stressing that it is the responsibility of each citizen, working with his neighbors, to help plan now for tomorrow's needs, Community Health Week can serve as an inspiring guide to community action.

Yamasaki Cited Again

Newest honor won by Minoru Yamasaki, architect for the MSMS headquarters, is the "Horatio Alger Award" presented recently in New York. Ten Americans received the award given to those "of humble background who achieved success in his chosen field."

Not Here in America

Since the Declaration of Independence, many of us have forgotten the value of freedom and how relatively easy it is to lose it. For many years, carping critics have been pointing out so-called weaknesses of private enterprise without pointing out its virtues. For a generation, too many of our people have been influenced by insidious propaganda to depend on government instead of relying upon their own initiative.

We have been told, as if it were a new idea, that a government-controlled economy would bring more benefits to the people. And this is claimed despite the fact that there is nothing new in government-planned or controlled economy; human beings have lived under various forms of that kind of so-called social and economic security for thousands of years.

The price they paid was persecution, poverty, misery and loss of religious, political and individual freedom. We must not let that happen here in America.

—Donald J. Hardenbrook, *Chairman,*
NAM Executive Committee,
In Commencement Address
At Detroit Institute of Technology

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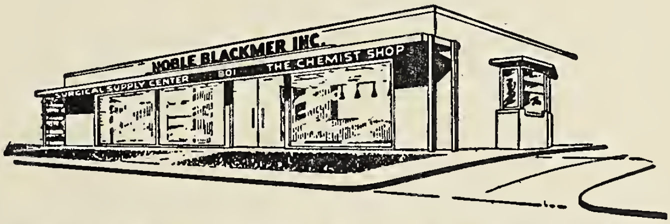
MORE THAN 30 YEARS . . .
WITH
INTEGRITY
DEPENDABILITY



Our Surgical Supply Center and three Chemist Shops have been serving Michigan physicians and hospitals with integrity and dependability for more than 30 years. In fact, many doctors consider our modern facilities an extension of their own offices. We have complete lines of surgical instruments, surgical appliances and equipment, physicians' office furniture and equipment and complete surgical garment facilities.

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THE DERMATOSES THAT WERE STEROID-UNTREATABLE

Salt and water retention, edema, overstimulation the appetite, excessive weight gain, mood swings- these were some of the problems that used to confro physicians when they wanted to prescribe steroids f dermatoses. For patients already overweight, or wit edema associated with cardiovascular disease, those who were tense and anxious, steroid treatme could aggravate their problems. But with the adve of ARISTOCORT® Triamcinolone, many of thes patients became "steroid-treatable." The reason: N only did *this* steroid provide gratifying symptomat relief, but it did so *without* the penalty of overstim lation of the appetite, excessive weight gain, salt a water retention, edema, and undesirable euphor And these benefits have been confirmed for oth patients with steroid-susceptible disorders, as well those formerly untreatable.

ide Effects: Since it may, under some circumstances, roduce many of the unwanted effects common to all ortisone-like drugs, discrimination should always be xercised in administering ARISTOCORT® Triamcino- ne. Any of the Cushingoid effects are possible, as are urpura, G.I. ulceration, increased intracranial pres- ure and subcapsular cataract. Corticosteroids gen- rally may mask outward signs of bacterial or viral nfections. Catabolic effects to watch for include nuscle weakness and osteoporosis. Weight loss may ccur early in treatment but is usually self-limiting. *ontraindications:* While the only absolute contra- ndications are tuberculosis, herpes simplex and hicken pox, there are some relative contraindications eptic ulcer, acute glomerulonephritis, myasthenia gravis, osteoporosis, fresh intestinal anastomoses, diverticulitis, thrombophlebitis, psychic disturbance, pregnancy, infection) to weigh against expected benefits.

A single daily dose may provide effective control, is convenient for the patient, and can be employed in both initial and maintenance therapy.

MAXIMUM STEROID BENEFIT—MINIMUM STEROID PENALTY

Aristocort®
Triamcinolone
1 mg., 2 mg., 4 mg. or 16 mg. tablets

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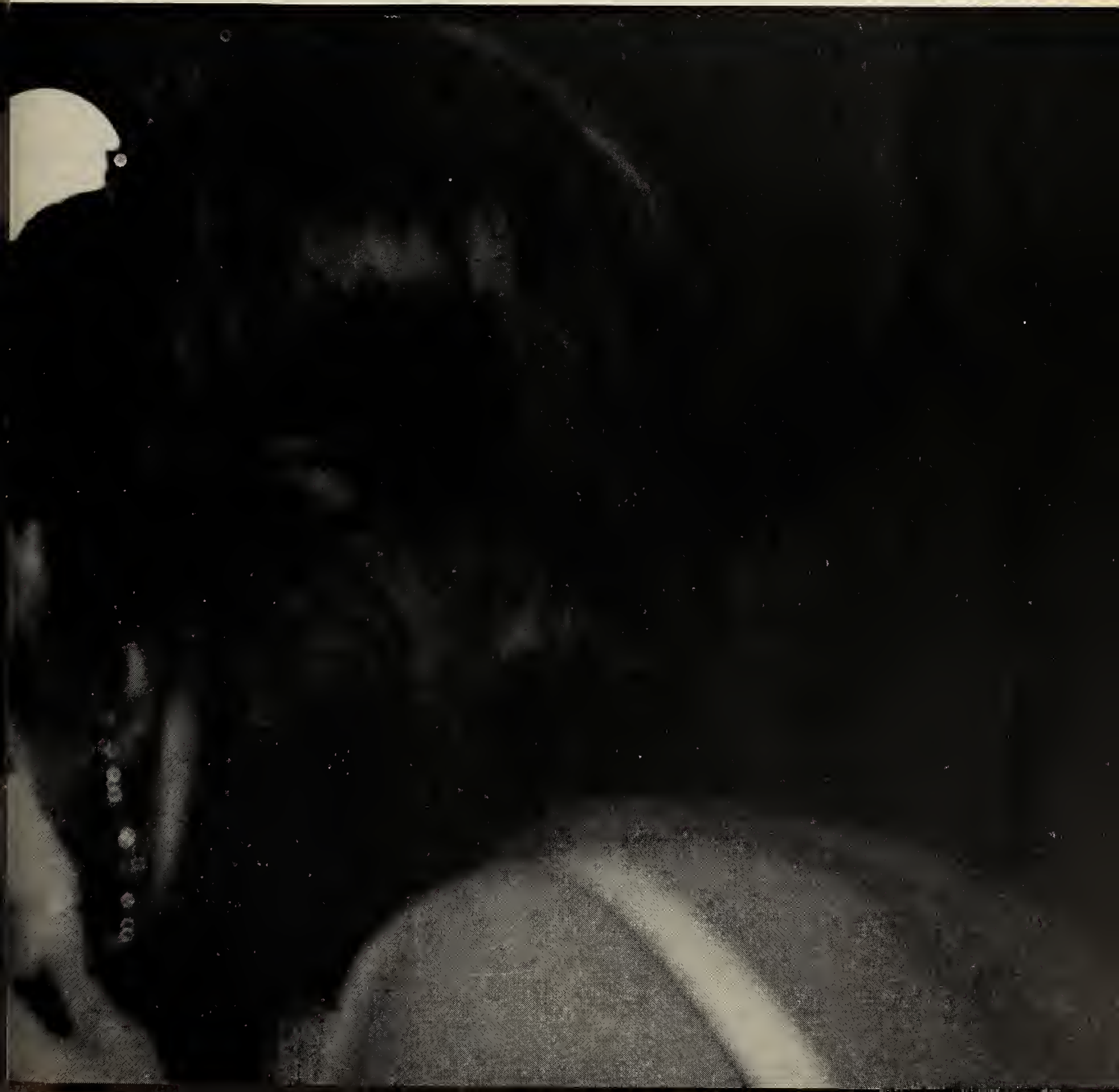

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PUBLIC RELATIONS

Kalamazoo Polio Excess Given to Hospitals

Checks for $70,470 were given recently by The Kalamazoo Academy of Medicine to two hospitals. The money represented the excess funds collected by the Academy at the oral polio vaccine clinics. The academy gave $66,242 to the Borgess-Bronson Hospitals fund drive and $4,228 to the Franklin Memorial Hospital at Vicksburg.

In the past four years, has there been an increase in the number of physicians registered in your county? A decrease? Or has there been virtually no change?

The answers to these questions are provided in a study of the following statistical information from the Michigan State Board of Registration in Medicine. (The 1964 re-registration figures are from the Board report as of March 13).

It's Up to You

If you don't like the things your county medical society is doing, the only real way to correct it is to get out and work for the stand you feel is more desirable. The same is true for the state and national organization.

Too many doctors for too many years have sat in their office chairs or in the hospital coffee room, and complained about the "old grey heads misrepresenting the membership" but they are too busy to help when the society needs their services.

Often the situation we grouse about is the one we understand the least. The more you work for the society, the better you understand the way it works, and why certain decisions are being made.

The most deplorable problem at the present, is the lack of assistance from many of our young physicians. They seem to feel that their efforts would go unappreciated and because of this erroneous thinking, do not display an interest in the society's activities.

—Excerpts from Editorial
By Donald R. Byrant, M.D.,
In September *Genesee County Medical Society Bulletin*

PR Seminar Suggests Eight Basic Projects For County Societies

Eight major areas of county society public relations activities were stressed at the 1964 AMA Public Relations Seminar in Chicago.

"Projects in each of these areas are designed to meet an important PR need in the county and eliminate sources of criticism by the public," the speakers pointed out. "Activity in each area ultimately will cement good relations between doctors and the public."

The eight recommended PR activities for every county society were:

1. *Provision of emergency medical care on a round-the-clock basis.*
2. *Establishment of a grievance committee to hear patient's complaints.*
3. *Development of good working relations with press, radio and TV people.*
4. *Maintenance of an active speakers bureau supplemented with other health educational activities.*
5. *Organization and promotion of a plan to provide medical services to all who cannot pay for them.*
6. *Orientation programs for new society members.*
7. *Initiation of public service projects.*
8. *Participation in citizenship activities.*

The Seminar also stressed the importance of membership participation as essential. Panel speakers for this topic included C. J. Tupper, M.D., President, Washtenaw County Medical Society.

Kent County was represented at the Seminar by J. Russell Brink, M.D., President; William Haeck, M.D., President-Elect, and William McClimans, Executive-Secretary.

Muskegon County was represented by William J. Hanley, M.D., and F. James Stubbart, M.D.

Genesee County was represented by Mrs. Ruth Garnsey, Executive Secretary.

Representing the MSMS staff was Hugh W. Brenneman, Executive Director, M. A. Riley and Herbert A. Auer.

A special meeting was held in conjunction with the Seminar for state society presidents and presidents-elect, and Orlen J. Johnson, M.D., and Oliver B. McGillicuddy, M.D., both participated.

Speaks to Welfare Officials

Orlen J. Johnson, M.D., filled one of his last official acts as a speaker at the Annual Convention of the State Association of Welfare Boards and Directors at Harbor Springs.

Says Medicine Needs Maximum Support Of Every Physician

"Medicine has a rich past, enjoys a vigorous present, and can play a great role in tomorrow."

That statement was made in a recent address by F. J. L. Blasingame, M.D., Executive Vice-President of the AMA. He then went on to add:

"As man cleans the cobwebs of confusion, fear, and ignorance from the mind, a sense of value of health is coming upon the scene in human affairs. Health speaks a universal language: individually to each of us and collectively to all of us."

Doctor Blasingame continued: "The public appetite for the fruits of modern medicine has become almost insatiable, not only in our nation but also in much of the remainder of the world. This rising surge in expectations in the health field can be labled as one of the most significant social developments of our lifetime. The people of the world want more of life, including better health; they want a more abundant life. This great awakening, accelerated by developments in communications and transportation, is a force for good—a laudable happening in which we should all rejoice.

* * *

"A HEALTHY SOCIETY is a free society. It is marked by a high degree of individual responsibility and self-discipline. Compulsion is evidence of personal and social illness. The great profession of medicine cannot accept any other viewpoint in promoting a healthy, more abundant life for all mankind."

Continuing, Doctor Blasingame said, "Through the American Medical Association and the constituent societies, the individual physicians speak with a single, strong voice on a wide variety of national and local matters affecting the public health. Through the AMA and the state and county medical societies, physicians develop and carry out countless programs for the improvement of the profession and the betterment of the public health. These accomplishments, for the most part, would be impossible for the individual physician acting alone.

* * *

"THE AMA IS ONLY as strong as its constituent societies. Its strength flows upward from them. It is, therefore, desirable that all physicians take an active part in the affairs of their county and state organizations. Medicine cannot remain free to fulfill its destiny without a strong organizational structure, and its organizational strength depends on maximum support and participation by members of the profession."

(These are the excerpts from an address by Doctor Blasingame before the State Medical Society of Wisconsin.)

COMING IN FUTURE ISSUES

WATCH FOR these and other timely and informative articles scheduled to appear in coming issues.

Cervical Spine and Spinal Cord Injuries

By Richard C. Schneider, M.D., Ann Arbor. Dr. Schneider presents a number of case reports with illustrations and important observations of value to every physician.

The Clinical Significance of Cutaneous Xanthoma

By Jules Altman, M.D., and Coleman Mopper, M.D., Detroit. Presenting a classification of xanthoma and describing the diagnosis based upon studies of serum lipid values.

Rupture of the Uterus

By D. C. Swan, M.D., Southfield. A case report of ligation of the internal iliac artery as a life-saving procedure in uterine rupture.

The Hyperkinetic or Lethargic Child with Cerebral Dysfunction

By S. J. Nichamin, M.D., and H. M. Comly, M.D., Detroit. A pediatrician and a psychiatrist join hands to discuss behavioral disorders, their relationship to educational achievement and the use of newer psychopharmacological drugs.

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NEW HANDY-PACK
ARGO
Pure
CORN STARCH
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THAT'S ALL
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ANCILLARY SECTION

MHC Placements

Recent placements by the M.D. Placement Service have included the following: Alfred R. Neruda, M.D. (Algonac); Robert Sealby, M.D. (Reed City); Howard J. Sawyer, M.D. (Ford Mtr. Co., Dearborn); John F. Kenney, M.D. (Gladwin Hosp., Gladwin); B. G. Keizer, M.D. (Newberry St. Hosp., Newberry); Robert M. Watson, M.D. (Jackson & Milford); Ramon D. Turman, M.D. (Redford Med. Ctr., Det.); Eugene P. O'Donnell, M.D. (Lansing); Donald F. Nagler, M.D. (Mt. Pleasant).

Radio Editorials Laud Coller-Penberthy Conference

During the recent Annual Coller-Penberthy Medical Conference at Traverse City, station WTCM aired two "radio editorials" about the outstanding postgraduate project.

The radio station traced the history of the Coller-Penberthy conferences since 1921. The announcer then went on to point out that "A few years ago, this postgraduate teaching program was formally designed as the Annual Coller-Penberthy Medical Conference, honoring two of its greatest sponsors. Dr. Edwin L. Thirlby, the major stimulant to the continuation of this annual meeting, has always tried to remain in the background, insisting that credit for accomplishments be given to others. But it was at his insistence that the sociability aspect of the meetings has been kept, as he felt it was important in developing an atmosphere of intimacy and friendship.

"The conference leaders, over the years, have observed a progressive increase in medical knowledge and techniques and the results of their daily use in the care of patients, until now the Traverse City region is becoming known as one of the great medical centers of the state. This reputation is not confined to the city itself, but extends to and includes all the rural practitioners of the region. Without question, the Annual Coller-Penberthy Medical Conference is a major contribution to the present high standard of medical care which the people of the Traverse City area receive."

The photo above of speakers for the Coller-Penberthy Conference was made available by the *Traverse City Record Eagle.*

Left to right (*standing*): A. James French, M.D., Ann Arbor; Marion S. DeWeese, M.D., Columbia, Missouri; Mark A. Hayes, M.D., New Haven, Connecticut; Merle M. Musselman, M.D., Omaha; G. Thomas McKean, M.D., Detroit; Clifford D. Benson, M.D., Detroit; Joseph W. Hess, M.D., Detroit; Donald R. Korst, M.D., Ann Arbor; Harry A. Towsley, M.D., Ann Arbor; John M. Sheldon, M.D., Ann Arbor; Isadore Lampe, M.D., Ann Arbor; (*seated*) Fred J. Hodges, M.D., Ann Arbor; Carl E. Badgley, M.D., Ann Arbor; Edwin L. Thirlby, M.D., Traverse City; Orlen J. Johnson, M.D., Bay City; Arthur C. Curtis, M.D., Ann Arbor; Albert C. Furstenberg, M.D., Ann Arbor; Edgar Kahn, M.D., Ann Arbor; Reed M. Nesbit, M.D., Ann Arbor; Absent at the time the photograph was taken: Lester R. Dragstadt, M.D., Gainesville, Florida; C. Gardner Child, III, M.D., Ann Arbor; Richard J. Bing, M.D., Detroit; William Reveno, M.D., Detroit; William N. Hubbard, Jr., M.D., Ann Arbor; William A. Altemeier, M.D., Cincinnati.

Wayne Offers Conference On Crash Injuries

Wayne State University in co-operation with the University of Minnesota and the University of California will sponsor the Eighth Stapp Car Crash Conference October 21-22-23, dedicated to increasing automotive safety and decreasing injuries and deaths from accidents. Demonstrations of actual crashes and crash simulators as used in safety research together with presentation of results of original research in crash safety will highlight the conference.

The conference will open October 21 at the Ford Motor Company at Dearborn, then move October 22 to Wayne State, and October 23 to the General Motors Proving Grounds at Milford.

Epidemiology Conference Set in Lansing, Dec. 16-18

The Michigan Department of Health announces an Epidemiology Conference to be held at the Jack Tar Hotel, Lansing, December 16, 17, 18.

Outstanding nationally-known speakers will speak on the subjects of rabies, tuberculosis, the venereal diseases and the epidemiology of accidents. The conference will also include a seminar on Salmonella and such topics as A New Rabies Vaccine for Human Prophylaxis and Rabies Prophylaxis in Man. The speakers and topics and further details will be included in the November issue of MICHIGAN MEDICINE.

Readers Write

Dear Dr. Tupper:

Thank you for calling our attention to the omission of a credit line for your journal with the article, "Physical Status of Interns and Resident Physicians at Wayne County General Hospital 1962-63," which we published in the August issue of *The New Physician.*

It certainly was our intention to give full credit, and we intend to run a statement regarding the matter in the October issue of our journal.

Sincerely,
JEAN VAN GERPEN (MRS. GEORGE)
Managing Editor
The New Physician

* * *

"Congratulations on your new format; it is most attractive. The entire magazine looks new and fresh and very interesting."

FRANK B. RAMSEY, M.D.
President,
State Medicine Journal Advertising Bureau

This candid picture, made during The University of Michigan Medical School's third annual Hospital-Internship Day, shows representatives of Michigan hospitals discussing their internship programs with U-M medical students.

U-M Juniors Join Seniors For Internship Day

Ninety-nine doctors representing 30 Michigan hospitals were on hand for The University of Michigan's third annual Hospital-Internship Day at the Medical Center in Ann Arbor.

After hearing welcoming remarks by William N. Hubbard, Jr., M.D., dean of the U-M Medical School, Harry A. Towsley, M.D., professor of pediatrics and associate director of the Department of Postgraduate Medicine, and Arthur Fleming, president of the Senior Class, the physicians discussed their hospitals' internship programs with U-M medical students.

This year—for the first time—members of the Junior Class, as well as the Senior Class, participated in the activities.

Doctors Clifford, Swanson Direct Ob-Gyn Society

The Michigan Society of Obstetricians and Gynecologists is being led by the following Officers for 1964-65:

John E. Clifford, M.D., Grosse Pointe Farms, President; Robert G. Swanson, M.D., Grosse Pointe Farms, President-Elect; Eli J. Igna, M.D., Grosse Pointe Park, Treasurer; Joseph B. Woolfenden, Grosse Pointe Farms, Secretary. Members of the Council are: Doctors Tommy Evans, Ann Arbor; Robert E. Bogue, Detroit; Charles Aldridge, Jr., Grand Rapids; Ralph Steffe, Flint, and Philip Peven, Detroit.

A highlight at the Michigan Hospital Association meeting was the presentation of the 1964 Key Award for meritorious service to **A. C. Kerlikowske, M.D.,** director of the University of Michigan hospital.

* * *

Two addresess on gout and ankylosing spondylitis will be given by **John W. Sigler, M.D.,** Detroit, at the 49th Annual Scientific Assembly of the Interstate Postgraduate Medical Association at Pittsburgh, Nov. 9-12.

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Side Effects: Occasionally, mild salicylism may occur, but it responds readily to adjustment of dosage. Precaution: In the presence of severe renal impairment, care should be taken to avoid accumulation of salicylate and PABA. Contraindicated: An hypersensitivity to any component.

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Side effects: Insomnia may occur if taken later than 6 hours before retiring. The usual peripheral actions of sympathomimetic amines (vasoconstriction and acceleration of the heart) are minimal and little noticed on low or moderate dosage.

Complete literature available on request from Professional Services Dept. PML.

Contraindications and precautions: Should not be used in patients with myocardial degeneration, coronary disease, marked hypertension, hyperthyroidism, insomnia or a sensitivity to ephedrine-like drugs. Moderate hypertension in the obese is not necessarily a contraindication since it may be relieved as the overweight is reduced.

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SOCIO-ECONOMIC

More Doctors in Your County Since 1961? Fewer?

Michigan State Board of Registration in Medicine
REPORT ON 1964 ANNUAL RE-REGISTRATION
(as of March 13, 1964)

COUNTY	1960 POPULATION	M.D.s REGISTERED 1961	1962	1963	1964
Alcona	6,352	0	0	1	0
Alger	9,250	4	7	5	5
Allegan	57,729	26	27	21	32
Alpena	28,556	28	25	21	28
Antrim	10,373	3	4	4	5
Arenac	9,860	0	0	1	1
Baraga	7,151	1	2	1	3
Barry	31,738	18	20	16	16
Bay	107,042	89	91	86	92
Benzie	7,834	2	2	6	5
Berrien	149,865	108	109	109	113
Branch	34,903	24	26	30	28
Calhoun	138,858	129	133	135	138
Cass	36,932	11	11	12	12
Charlevoix	13,421	9	12	11	13
Cheboygan	14,550	7	7	7	7
Chippewa	32,655	19	18	19	16
Clare	11,647	5	5	4	4
Clinton	37,969	16	17	17	16
Crawford	4,971	5	5	5	5
Delta	34,298	21	23	25	26
Dickinson	23,917	21	24	27	30
Eaton	49,684	22	22	19	22
Emmet	15,904	27	29	30	33
Genesee	374,313	309	323	321	325
Gladwin	10,769	5	5	5	5

CONTINUED: STATISTICS FROM STATE BOARD OF REGISTRATION IN MEDICINE

COUNTY	1960 POPULATION	M.D.s REGISTERED 1961	1962	1963	1964
Gogebic	24,370	16	15	13	13
Grand Traverse	33,490	77	72	66	72
Gratiot	37,012	22	23	23	24
Hillsdale	34,742	16	17	17	17
Houghton	35,654	23	24	21	20
Huron	34,006	18	18	16	19
Ingham	211,296	248	254	246	263
Ionia	43,132	25	26	25	27
Iosco	16,505	2	3	5	7
Iron	17,184	13	14	11	10
Isabella	35,348	26	25	25	24
Jackson	131,994	127	125	128	120
Kalamazoo	169,712	199	209	216	221
Kalkaska	4,382	1	2	2	2
Kent	363,187	427	448	433	454
Keweenaw	2,417	2	0	0	0
Lake	5,338	1	2	2	4
Lapeer	41,926	26	25	24	23
Leelanau	9,321	0	0	1	3
Lenawee	77,789	57	54	55	55
Livingston	38,233	22	21	27	27
Luce	7,827	14	14	19	14
Mackinac	10,853	8	7	7	7
Macomb	405,804	98	102	154	169
Manistee	19,042	14	14	15	14
Marquette	56,154	48	48	45	48
Mason	21,929	18	17	17	17
Mecosta	21,051	10	12	10	10
Menominee	24,685	16	15	12	13
Midland	51,450	42	45	53	50
Missaukee	6,784	3	3	2	2
Monroe	101,120	42	41	43	44
Montcalm	35,795	22	21	23	18
Montmorency	4,424	1	1	1	1
Muskegon	149,943	118	116	124	121
Newaygo	24,160	19	17	18	16
Oakland	690,259	486	541	667	775
Oceana	16,547	8	9	9	8
Ogemaw	9,680	6	6	7	7
Ontonagon	10,584	5	6	7	5
Osceola	13,595	5	5	4	4
Oscoda	3,447	1	4	3	2
Otsego	7,545	8	9	9	7
Ottawa	98,719	61	67	73	67
Presque Isle	13,117	1	2	2	1
Roscommon	7,200	4	5	5	5
Saginaw	190,752	153	162	168	168
Sanilac	32,314	16	16	15	15
Schoolcraft	8,953	4	4	5	5
Shiawassee	53,446	33	34	33	31
St. Clair	107,201	69	69	72	78
St. Joseph	42,332	35	31	31	32
Tuscola	43,305	18	20	22	19
Van Buren	48,395	29	29	32	30
Washtenaw	172,440	591	621	642	692
Wayne	2,666,297	3,155	3,263	3,083	3,126
Wexford	18,466	13	14	20	17
	SUB TOTAL	7,431	7,714	7,746	8,024
OUT OF STATE		1,185	2,142	2,092	2,257
	TOTALS	8,616	9,856	9,838	10,281
MILITARY (Exempt)			277	399	412

Further Comments on "Pronouncement of Death"

**By LESTER P. DODD,
MSMS Legal Counsel**

About a year ago I wrote an opinion in response o an inquiry as to whether the law requires a docor to make a formal "pronouncement of death" in vhich I said:

> *"The laws of the State of Michigan do not require a specific pronouncement or declaration that a person is dead other than through the signing of a death certificate. You are, of course, familiar with the statutory requirement that the attending physician sign the death certificate. In my opinion this does not mean that the physician must actually be present at the time of the person's death or that he must make any formal pronouncement of death over the body of the deceased. No physician can properly sign a death certificate without satisfying himself that the person referred to is actually dead, but I believe that if a physician who ascertains the fact of death through a registered nurse or other person competent to determine the fact, may properly sign the death certificate without having made any formal pronouncement of death over the body."*

Subsequently, it has been brought to my attenion that some doctors have interpreted that opinion s meaning that they have no responsibility to deermine that death has actually occurred and that vhen a nurse or other person calls the doctor by elephone and says "the patient's respiration has pparently ceased", he need only direct the caller o arrange for transfer to the hospital morgue or o release the body to a mortician. Such was not he intent of my former opinion and cannot be recmmended as a legally safe general practice.

My original opinion was intended to go no urther than to advise that no *formal* "pronouncenent" of death was required by law other than the xecution of a death certificate and that a doctor night legally execute such a certificate upon asceraining to his satisfaction that death had, in fact, ccurred.

Certainly, there are cases in which a nurse, or ven a layman, may be perfectly competent to deermine that death has in fact occurred. There are ndoubtedly others in which medical judgment is equired.

In any case which might conceivably fall into he latter category, it is unquestionably the responibility of the doctor to determine the fact. In short, hysicians may not safely delegate to nurses, nor hould nurses be asked to accept, the responsibility f exercising medical judgment in any case in vhich the ascertainment of the fact of death may nvolve the exercise of such judgment.

Opinion Available Re Occupational Injuries

The MSMS legal counsel has provided an opinion to the MSMS Occupational Health Committee regarding the legality of non-professional persons treating occupational injuries and other conditions in first aid stations and clinics in Michigan.

In this opinion, Lester P. Dodd, JD, MSMS legal counsel, outlined broadly the status of doctors, registered nurses, licensed practical nurses, Red Cross trained first aid personnel and untrained fellow workers in the operation of such first aid stations and clinics, and pointed out that while the courts have not shown a disposition to construe statutory provisions with such technical nicety as to discourage the maintenance or use of first aid stations, the practice of attempting to furnish complete care (including follow-up care) at the hands of unlicensed personnel is fraught with substantial danger.

A copy of the opinion is available from MSMS for any member who might be interested in this matter.

Bibliography Published On Needs of Aging

A new bibliography, "Income, Resources and Needs of Older People," compiled by Elizabeth Ferguson, librarian of the Institute of Life Insurance, has just been published in booklet form by the National Council on the Aging. The bibliography, contains over 500 references to current and basic material, including many dealing with life and health insurance, most of them published since 1960.

Single copies of the booklet can be obtained at 85¢ each from the National Council on the Aging, 49 West 45th Street, New York, N. Y. 10036. Prices of copies in bulk are available upon request.

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Ampuls: 1 cc. and 2 cc., in boxes of 12 and 100.
(Each cc. of NUMORPHAN* contains 1.5 mg. oxymorphone as the hydrochloride.)
Suppositories: 2 mg. and 5 mg., in boxes of 6.

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IN MEMORIAM

ROBERT J. COOPER, M.D.

Robert J. Cooper, MD, 64, of Tucson, Arizona, who had been a Pontiac pediatrician for more than 32 years, died August 19, 1964.

Doctor Cooper was a 1926 graduate of the University of Michigan Medical School and began his practice in Pontiac in 1929.

He held memberships in the American Academy of Pediatrics, the Detroit and University of Michigan pediatric societies and Galens Honorary Medical Society. Doctor Cooper also belonged to Alpha Tau Omega Literary Fraternity and Nu Sigma Nu Medical Fraternity. He was an Associate member of MSMS.

FRANK L. RECTOR, M.D.

Frank L. Rector, MD, 85, of Portland, Oregon, died August 18, 1964.

Former executive secretary of the MSMS Cancer Control Committee and a Life Member of the Michigan State Medical Society, Doctor Rector moved to Portland, Oregon, following his retirement 10 years ago.

Doctor Rector was a graduate of George Washington University medical school in 1907 and served until 1925 as a bacteriologist in New York City. In 1925 he moved to Chicago to serve as editor of *The Nation's Health*, a medical publication, and as executive secretary of the Chicago Medical Society. From 1930 to 1954 Doctor Rector was engaged in cancer educational activities and in 1952 was awarded the Annual Award of the American Cancer Public Health Association. Doctor Rector directed the activities of the MSMS Cancer Control Committee, as its fulltime secretary, for several years prior to his retirement in 1954, when he moved to Portland, Oregon.

He was a Life Member of the American Public Health Association and held membership in numerous other professional organizations.

Glue Still Tacky; Sniffers Not Wacky?

The teenage glue sniffing fad may soon be passé—not because teenagers aren't what they used to be, but because the glue may be changed.

The Hobby Industry Association of America, reports *The AMA News* (June 22), has announced development of a new chemical to replace intoxicating solvents now used in model airplane glues.

Expected to be ready within a year, the new ingredient is hailed as a possible solution to the problem of glue sniffing.

WHEN CONGESTION MOVES DOWN

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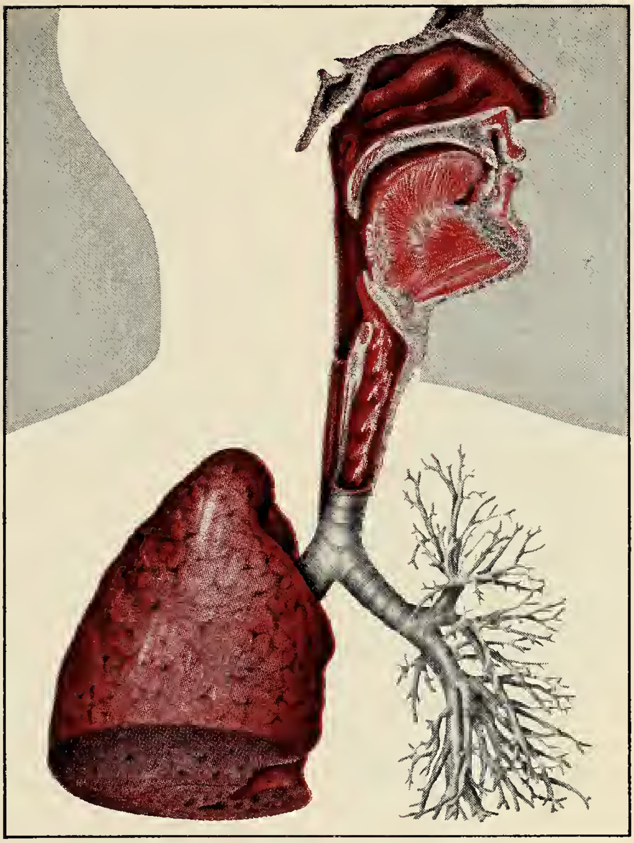

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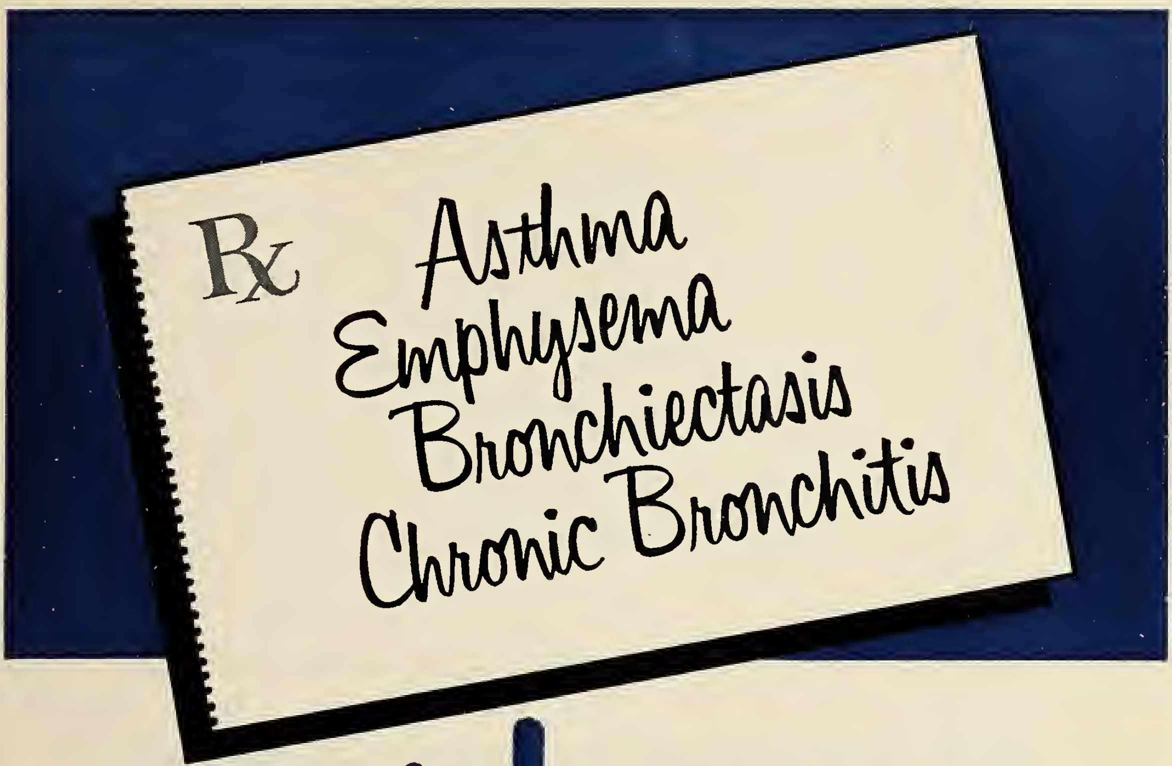

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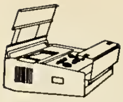

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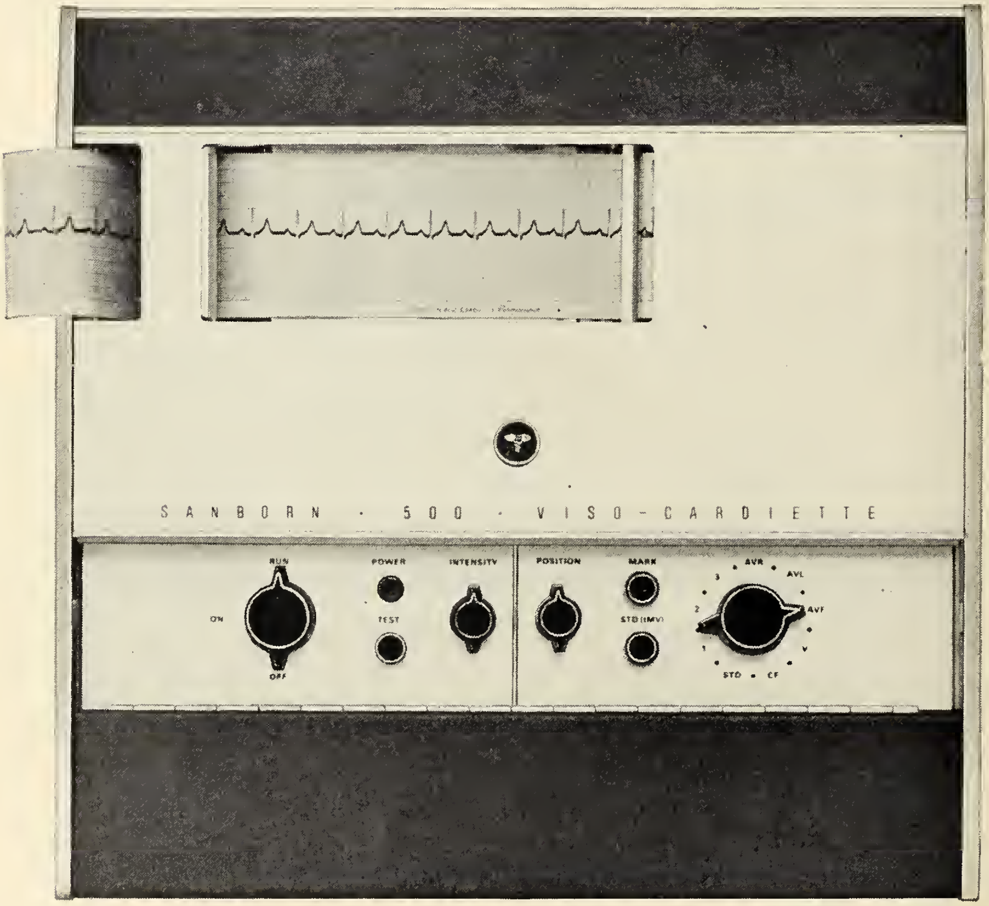

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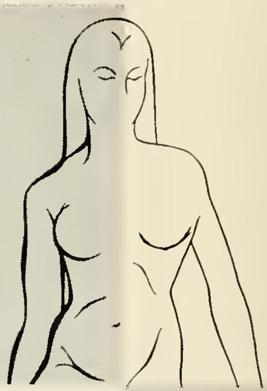

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Books Received

Books received by The Journal of the Michigan State Medical Society *are acknowledged in this column. Selecions will be made for more extensive review in the interest of readers as space permits.*

REVIEW OF MEDICAL PHYSIOLOGY. By William F. Ganong, M.D., Associate Professor of Physiology, University of California School of Medicine, San Francisco; Consulting Physiologist, Kaiser Foundation Hospital, San Francisco. Published by Lange Medical Publications, Los Altos, California. Price $6.50.

SCHOOL HEALTH EDUCATION STUDY—A SUMMARY REPORT OF A NATIONWIDE STUDY OF HEALTH INSTRUCTION IN THE PUBLIC SCHOOLS. By Elena M. Sliepcevich, Director of the Study (1961-1963). Sponsored by the Samuel Bronfman Foundation of New York City. Single copies of this publication are available upon request from the Director, School Health Education Study, 1201 Sixteenth St. N.W., Washington, D. C.

MODERN TREATMENT, Volume 1, Number 2. Treatment of Pulmonary Diseases, Edited by Carl Muschenheim, M.D.; Treatment of Liver Disease, Edited by Richard B. Capps, M.D. Published by Hoeber, 49 East 33rd Street, New York, New York 10016. Bimonthly publication—$16.00 per year.

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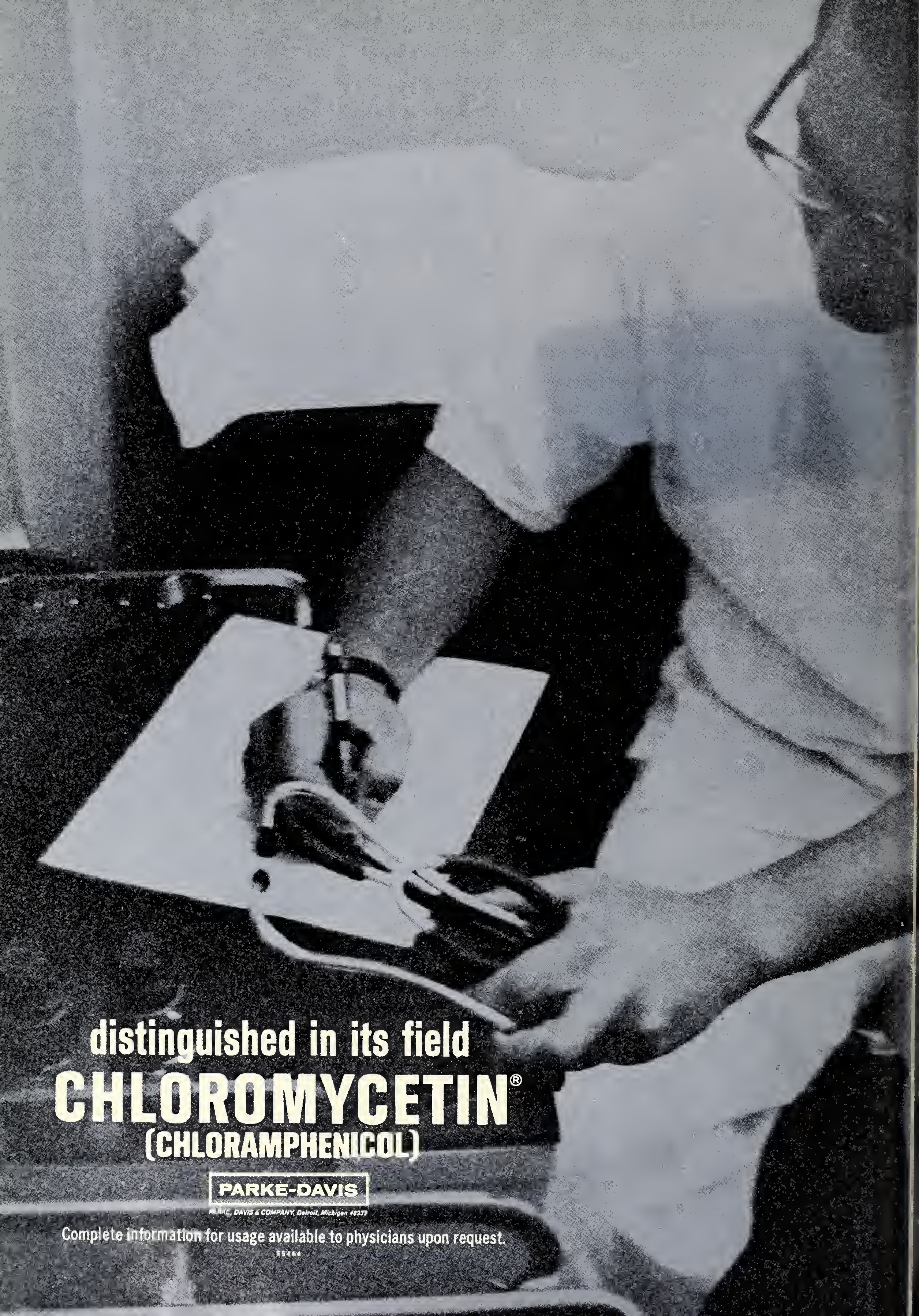

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1. Dorfman, W., and Johnson, D.: *Overweight Is Curable*, New York, The Macmillan Company, 1948, p. 16.

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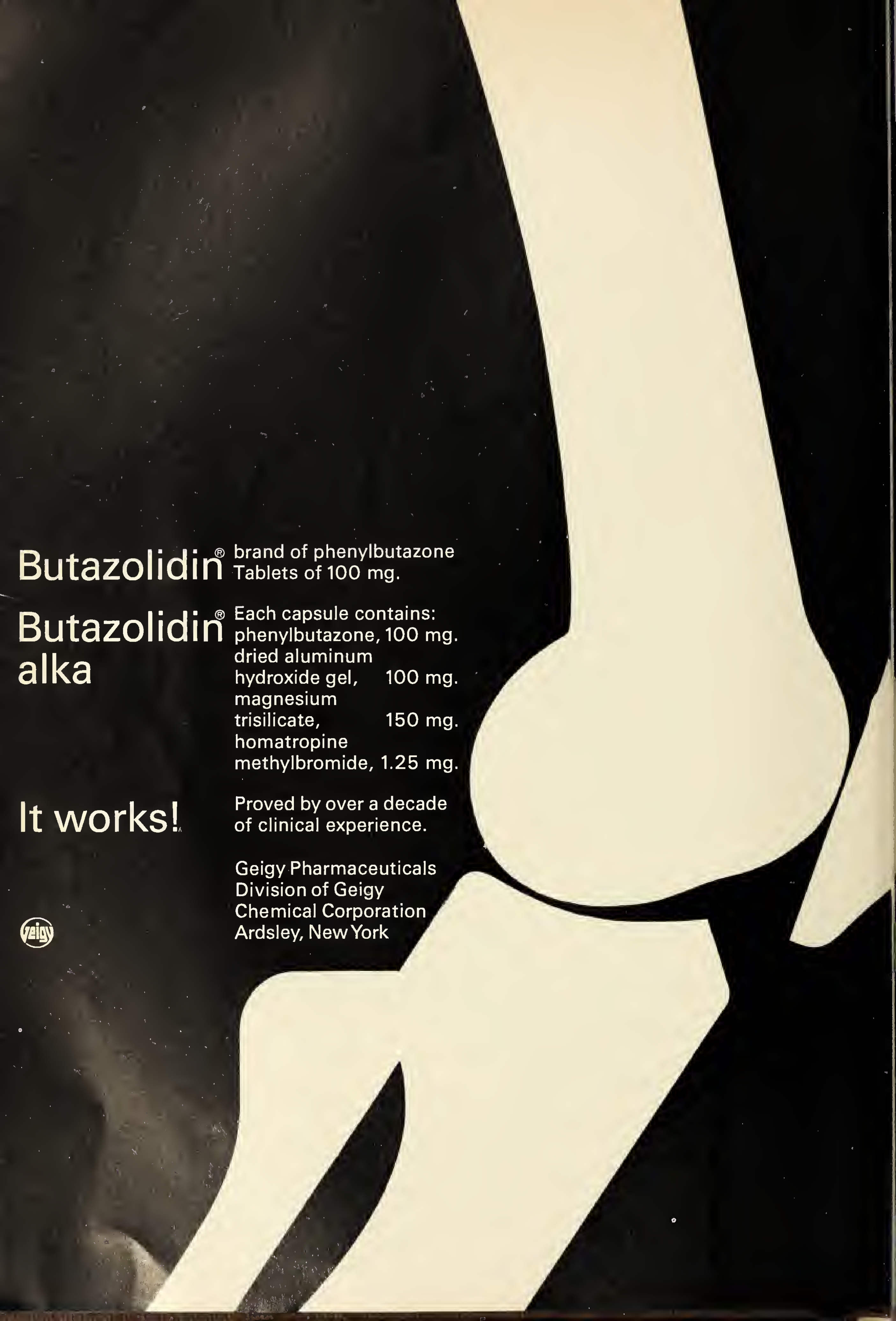

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Cover photo: MSMS Council Chairman Harold H. Hiscock, M.D., installs Oliver B. McGillicuddy, M.D. (left) as the new MSMS President at the recent annual session.

President's Message

Our Obligation to Tomorrow

By OLIVER B. McGILLICUDDY, M.D.
MSMS President

What sort of young men and women are we training for medical careers?

The members of the Michigan State Medical Society who teach in our medical schools are authorities on the subject. Those of us who only encounter a medical student occasionally or meet them after they become interns if we are fortunate enough to have a resident staff, are pleased with what we see. Delegates attending the recent House of Delegates meeting must have been impressed with the leaders of their classes and the officers of the Student AMA from our two schools who were guests.

I am privileged to quote three paragraphs from a recent letter to me from William C. Munn, II, President of the WSU Senior Class.

"I would like to thank you and the Michigan State Medical Society personally, first of all, for the wonderful opportunity afforded to me as a Student Delegate to the annual convention this year.

"Your hospitality was warm, full, and greatly appreciated. I experienced, learned, and saw so very much that I must admit that I was a bit overwhelmed by it all.

"I was especially impressed and delighted with the sessions of the House of Delegates. I am not sure what I expected as I entered that first session on Sunday evening, but I assure you that by the final session on Tuesday evening I was thoroughly aware of the sagacity, democracy, and truly foresighted resolutions of the society. I was especially impressed by the deep concern that each and every delegate expressed over the quality and kind of medical care provided for the people of this democratic state and nation. The cautious and yet definite progress that this society demands of itself and its members is worthy of sincere praise in any circle, especially within the profession itself."

Our obligation is to be sure that these embryo doctors will have an opportunity to apply their idealism and knowledge in an atmosphere of medical freedom such as we have enjoyed. And, to see that they are not hampered by the stifling oppression of bureaucratic control.

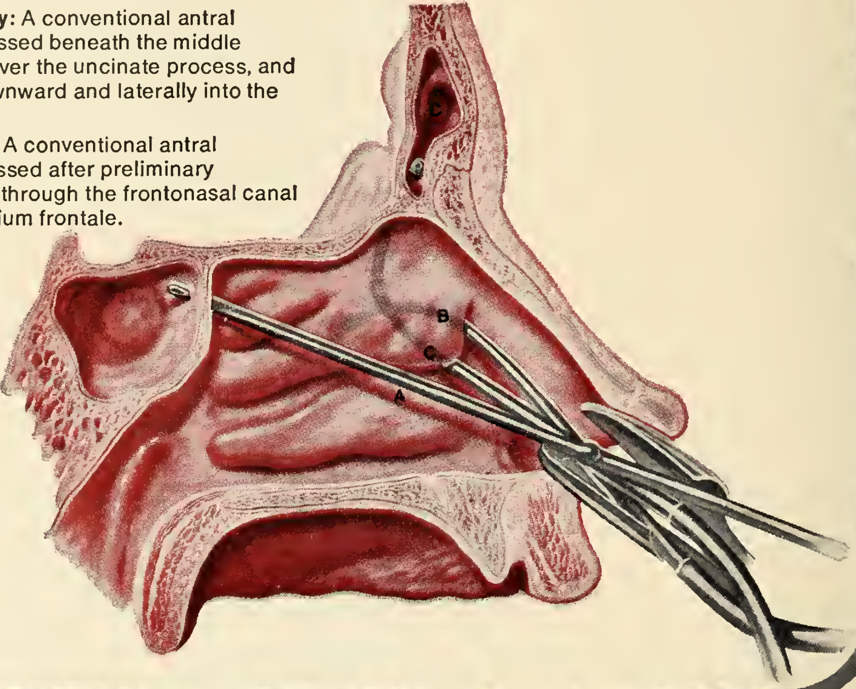
Annual Session Photos — Pages 807, 808, and 811

A rhinologic approach to the sinuses
Sagittal anatomical section of nasal cavity showing approach for probing or irrigation by cannulas.

A—Sphenoid: A sphenoid cannula (under 13.5 cm.) passed around the middle and superior turbinates to the anterior wall of the sinus through its ostium.

B—Maxillary: A conventional antral cannula passed beneath the middle turbinate, over the uncinate process, and rotated downward and laterally into the ostium.

C—Frontal: A conventional antral cannula passed after preliminary maneuvers through the frontonasal canal into the ostium frontale.



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*Reed, G. F.: Sinusitis, New England J. Med. 267:402, Aug. 23, 1962.

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INFORMATION FOR READERS / CONTRIBUTORS:

GENERAL INFORMATION:

MICHIGAN MEDICINE is the official organ of the Michigan State Medical Society, published monthly under the direction of the Publication Committee. A copy is sent to each member of the Society.

Notice of change of address should be sent promptly to the Michigan State Medical Society, P.O. Box 152, East Lansing, Michigan.

Members are invited to submit to the Journal any suggestions for the welfare of the Society, as well as comments or criticisms of any material in the Journal. All such communications should be directed to the Publication Committee of the Journal. The Publication Committee reserves the right to publish, reject, edit, or abbreviate all communications submitted to it.

ADVICE TO AUTHORS:

1. Address scientific manuscripts to Editor, MICHIGAN MEDICINE, C. J. Tupper, M.D., 2490 Adare, Ann Arbor, Michigan.

2. Submit original, double-spaced, typewritten copy and one carbon copy on letter size (8½ x 11 inch) paper.

3. On page one, include title, authors, degrees, academic titles, and any institutional or other credits.

4. Authors are responsible for all statements, methods, and conclusions. These may or may not be in harmony with the views of the Editorial Staff. It is hoped that authors may have as wide latitude as space available and general policy will permit. The Publication Committee expressly reserves the right to alter or reject any manuscript, or any contribution, whether solicited or not.

5. Illustrations should be submitted in the form of glossy prints or original sketches from which cuts, or plates, will be made by the Journal. The Journal will pay the first $25 of the engraving bill, and the author shall pay the balance. An estimate of the cost will be submitted to authors before cuts are ordered.

6. References will ordinarily be limited to seven in number. Exceptions may occasionally be made.

7. Contributors will be notified as soon as practicable if a manuscript is accepted for publication. Unused manuscripts will be returned. Every care will be taken with the submitted material but the Journal will not hold itself responsible for loss or damage to manuscripts.

8. Articles should ordinarily be less than four printed pages in length (3000 words).

9. References should conform to *Cumulative Index Medicus*, including, in order: Author, title, journal, volume number, page, and year. Book references should include editors, edition, publisher, and place of publication, as well.

10. Specify address to which galley proof should be sent. Proofs will be mailed to authors for correction before publication and should be returned to the editor in 48 hours. If proofs approved by the author are not received by the editor prior to deadline, publication of the article will be cancelled for that issue.

11. The editors welcome, and will consider for publication, letters containing information of interest to Michigan physicians, or presenting constructive comment on current controversial issues. News items and notes are welcome.

12. It is understood that material is submitted for exclusive publication in MICHIGAN MEDICINE.

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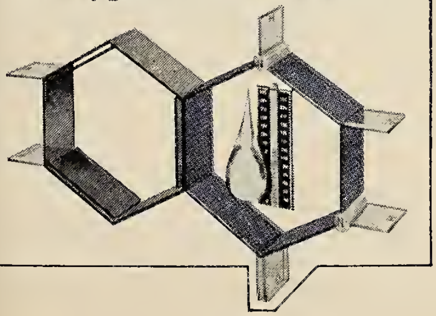

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CONTRAINDICATION: Anuria.

1. Steigmann, F., and Griffin, R.: Evaluation of Quinethazone, a New Diuretic. J. Amer. Geriat. Soc. 11:945 (Oct.) 1963.

2. Schwartz, M.: Office Evaluation of a New Diuretic in Patients with Hypertensive Diseases. Scientific Exhibit Presented at the Clinical Meeting of the American Medical Association, Los Angeles, California, Nov. 25-28, 1962.

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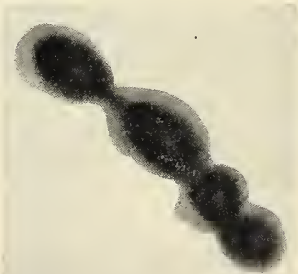
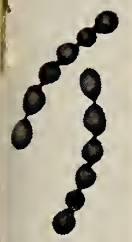


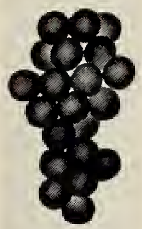
Brucella melitensis

No other broad-spectrum antibiotic has been employed in such a wide variety of

Leptospira icterohaemorrhagiae



Streptococci



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infections — common or difficult — caused by gram-positive or gram-negative bacteria, spirochetes, rickettsiae, protozoa and large viruses, as well as bacteroides and *Enterobius vermicularis.*

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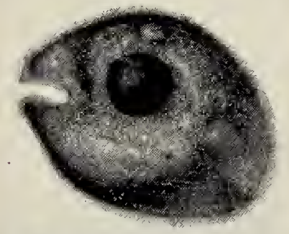

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Precautions: Overgrowth of nonsusceptible organisms may occur. In such cases, discontinue medication and institute appropriate specific therapy as indicated by susceptibility testing. Aluminum hydroxide gel given with antibiotics has been shown to decrease their absorption and is contraindicated.

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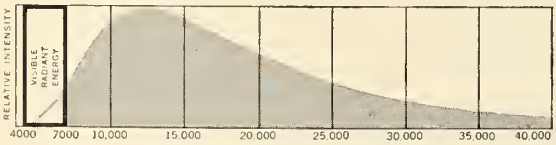

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NEWS BRIEFS

Robert D. Laird, M.D., Plymouth, recently join Parke, Davis & Company as a medical investigat in the Research Laboratories at Ann Arbor. He fc merly taught at Wayne State University and the Ui versity of Michigan; and was medical director Sherman Laboratories, Detroit.

A new postgraduate course for doctors in gener practice will be held at The University of Michiga Medical Center on December 3, 4 and 5. It is calle "Otorhinolaryngology for Generalists" and will de with the practical treatment of ear, nose and thro problems. Information may be obtained fro Walter P. Work, M.D., chairman of the U-M Med cal School's Department of Otorhinolaryngolog

Remus G. Robinson, M.D., Detroit, has bee elected vice-president of the Detroit Board of Edu cation. He also is chairman of the Board's schoo community relations committee.

The community of Holt, south of Lansing, hor ored **F. L. Troost, M.D.**, at a civic reception for 3 years of service as team physician for Holt Hig School. He resigned the position last year. A poı trait of Doctor Troost has been placed in the senio high building.

Several MSMS members presented papers at th annual convention of the American Roentgen Ra Society of Minneapolis. **Dr. William R. Eyler** an **Bernard M. Schuman**, Detroit, discussed "Radio iodinated Rose Bengal Liver Scan as an Aid in th Differential Diagnosis of Jaundice." Drs. **Fred J Hodges, Walter M. Whitehouse** and **Arthur C. Kittleson**, of Ann Arbor, discussed "Video Tape Recording of Tracheo-Bronchial Dynamics." Drs. **J. V Fayos, R. C. Hendrix, Isadore Lampe**, of Ann Arbor covered "Hodgkin's Disease: A Clincopathologic Study."

Thomas French, M.D., will address the Detroit Psychoanalytic Society and Institute on "Psychoanalysis," at the McGregor Memorial Building, November 18.

An address about "Prophylaxis of Postoperative Pancreatitis" was given by **Nikolas Kazmers, M.D.**, Lakeview, before the Fourteenth Biennial Congress of International College of Surgeons in Vienna.

Bernard Mandelbaum, M.D., Detroit, received the Grand Award in the intern-resident category for his scientific exhibit in the SAMA-Squibb awards program at the AMA meeting in San Francisco.

Harold F. Falls, M.D., Ann Arbor, will be the guest speaker for the Section of Ophthalmology of he Southern Medical Association, November 16-19 n Memphis.

Shirley Austin, M.D., Howell, is a member of the board of directors of the new Center for Continung Professional Study at Brighton. The first activty will be a series of classes for nurses in eight of the arger Michigan counties. President of the Center's board is Theresa Phelps, former executive secretary of the Greater Detroit District of Nurses.

Wielding the gavel at the meetings of the Lansing Rotary Club is **William D. Cheney, M.D.,** as President. He has been a member of Rotary for nine years.

The six psychiatrists constituting the active medical staff of The Haven Hospital are teaching a class, "Psychological Aspects of Living" in the Continuing Education Program at Oakland University.

The regional meeting of the Michigan Education Association at Traverse City, October 1, included an address by **Warren Cline, M.D.,** Traverse City, to a health education conference.

David Wall, M.D., Marquette, was one of the speakers at the fall conference in Escanaba of the Upper Peninsula Chapter of the Council on Family Relations.

Alex S. Friedlaender, M.D., Detroit, was chairman of the 32nd Annual Balfour Concert presented by the Zionist Organization of Detroit, October 31, by Miss Roberta Peters and the Toledo Symphony.

The Manistique Senior Citizens Club heard **Duane Waters, M.D.,** speak about medical care to the aging.

Max K. Newman, M.D., Detroit, has been appointed to the National Board of Directors of the Muscular Dystrophy Association of America.

The new clinical director at the Newberry State Hospital is **William Blyth, M.D.,** a graduate of the University of Glasgow Medical School and long identified with psychiatry and mental hospital administration in Scotland.

Norman Rosenzweig, M.D., director of the Department of Psychiatry of Sinai Hospital of Detroit, has accepted the post of temporary psychiatric consultant to the Oakland County Mental Health Services Board. Dr. Rosenzweig will continue with his regular responsibilities at Sinai Hospital.

Re-elected as treasurer of the Grand Ledge Board of Education for his third term is **Gordon R. Harrod, M.D.**

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Parke, Davis & Company has appointed **John E. Gajewski, M.D.,** as Director of Medical Education and Editorial Services. In addition to medical correspondence activities and the medical editorship of Therapeutic Notes, Dr. Gajewski will continue to provide medical counsel for advertising and promotion projects and in the area of sales training.

Dr. Gajewski, of Grosse Pointe Park, joined Parke, Davis in 1949.

Under the direction of **Donald Damstra, M.D.,** Brighton, medical director for the Detroit Salvation Army, a "Heartmobile" is rolling on Detroit streets to give free cardiograms. The project seeks to detect heart disease in its early stages.

James T. Howell, M.D., Detroit, has been appointed chairman of the Professional Practice Committee of the American Hospital Association.

A special program by the Paw Paw Kiwanis Club honored **Charles TenHouten, M.D.,** who has stepped down after serving 12 years as the village president. A "Kiwanis Community Service Award" was presented to Doctor TenHouten.

Governor Romney recently appointed three MSMS members to the Michigan Youth Commission—**Robert M. Heavenrich, M.D.,** Saginaw, and **Irving Posner, M.D.,** Detroit, and **Eleanor Skufis, M.D.,** Adrian. Also named was **Herbert A. Auer,** of the MSMS staff.

The first honorary membership ever awarded by the Muskegon County Medical Society has been conferred upon **Bob D. Dann,** superintendent for 26 years of the Hackley Hospital in Muskegon.

M. T. Batchelor, M.D., Detroit, is a new member of the Board of Trustees for Alma College.

On September 1, **Joseph V. Fisher, M.D.,** Chelsea, began a six-month study as a fellow in the department of psychiatry at the University of California Medical Center in San Francisco. The study is a grant from the National Institute of Mental Health.

George Andrews, former director of the Department of Adjunctive Therapies at Plymouth State Home and Training School, is the educational administrator of the new Division of Physical Therapy at Wayne State University's School of Medicine. Mr. Andrews received his M.S. in education at Syracuse University and his MA degree in education and a certificate in physical therapy at New York University.

Herbert M. Platter, M.D., Columbus, Ohio, was cited for his "Impact on American Medicine" when he was presented a plaque by **E. C. Swanson, M.D.,** Lansing, immediate past president of the Federation of State Medical Boards, during the Second Annual Scientific Awards Dinner of the AMA in San Francisco.

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(Warning: may be habit forming)	
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Robitussin is indicated in coughs associated with head and chest colds, bronchitis, laryngitis, tracheitis, pharyngitis, pertussis, "flu," "grippe," measles, chronic paranasal sinusitis, pulmonary tuberculosis, or smoking. Robitussin A-C is especially indicated for allergic, harsh or unresponsive coughs.

dosage: ADULTS—1 tsp. every 3 to 4 hours. CHILDREN—½ tsp. every 3 to 4 hours.

side effects: No serious side effects from glyceryl guaiacolate have ever been reported. Nausea, G-I upset, and drowsiness may be encountered rarely with Robitussin A-C.

precautions: There are no contraindications for Robitussin. Robitussin A-C is contraindicated in patients hypersensitive to antihistamines or codeine.

DIMETANE® EXPECTORANT

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Each 5 cc. (1 tsp.) contains:

Dimetane® (brompheniramine maleate)	2 mg.
Phenylephrine hydrochloride	5 mg.
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Alcohol 3.5 per cent in a palatable, aromatic base.	

DIMETANE® EXPECTORANT-DC (exempt narcotic)

antihistaminic / antitussive / suppressant

Codeine phosphate	10 mg.
(Warning: may be habit forming)	
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Phenylephrine hydrochloride	5 mg.
Phenylpropanolamine hydrochloride	5 mg.
Glyceryl guaiacolate	100 mg.
Alcohol 3.5 per cent in a palatable, aromatic base.	

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side effects: Overdosage may result in mild drowsiness or excitement, but within the therapeutic range neither is likely.

Precautions: Administer with caution to patients with cardiac or peripheral vascular diseases and hypertension.

contraindications: Hypersensitivity to antihistamines or codeine. Not recommended for use during pregnancy.

references:* Boyd, E. M., and Ronan, A. K.: Am. J. Physiol., 135:383, 1942.

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SCIENTIFIC PAPERS

CERVICAL SPINE AND SPINAL CORD INJURIES

By RICHARD C. SCHNEIDER, M.D., ANN ARBOR

During recent years, greater interest has been focused on simple cervical fractures and fracture-dislocations of the spine or those associated with spinal cord injury. It has become apparent that certain types of these lesions should be treated by the older conservative methods such as skeletal traction[4] or immobilization in casts or braces for they will heal without operative intervention, while others should have early surgical therapy consisting of decompression of the cervical spinal cord or nerve roots with or without spinal fusion.

This clinical material is presented briefly to aid in the clarification of these problems.

A very high percentage of cord injuries occur in the lower one-third of the cervical spine where the cervical enlargement of the spinal cord occupies proportionally more of the spinal canal than at the higher levels. Traumatic lesions in the lower one-third of the spine with concomitant spinal cord injury are unfortunately too often associated with marked and usually permanent neurologic deficit. In injuries of the upper one-third of the cervical spine when complete cord destruction is present, the patient often succumbs immediately since the intercostal and diaphragmatic muscles are both paralyzed resulting in respiratory arrest.

However, some of these patients with certain types of partial spinal injuries in this region due to compression of the cord or vascular insufficiency may survive if properly treated.

* * *

COMPRESSION FRACTURES OF THE cervical spine are most likely to occur at C6 and C7 vertebral body level where the markedly mobile cervical spine joins the upper thoracic region which is relatively well stabilized by the thoracic cage.

In general, cervical spinal cord injuries are more likely to occur in flexion than in hyperextension for the muscles involved in restriction of the latter movement are much more powerful and capable of resisting forced over-extension.

For this reason, for example, as a protective measure a football player should keep his head slightly upward and his cervical spine in mild hyperextension when making a tackle.

* * *

FINALLY, ONE MUST REALIZE there are a number of cervical spine and spinal cord injuries which are chronically progressive and whose symptoms develop insidiously. Only through *careful and*

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repeated radiologic and neurologic evaluations may the lesions be detected and correction of the spinal deformity and the spinal cord or nerve root compression be accomplished, thus preventing permanent neurologic disability.

The following case reports may present a better understanding of the clinical significance of these problems.

CASE REPORTS

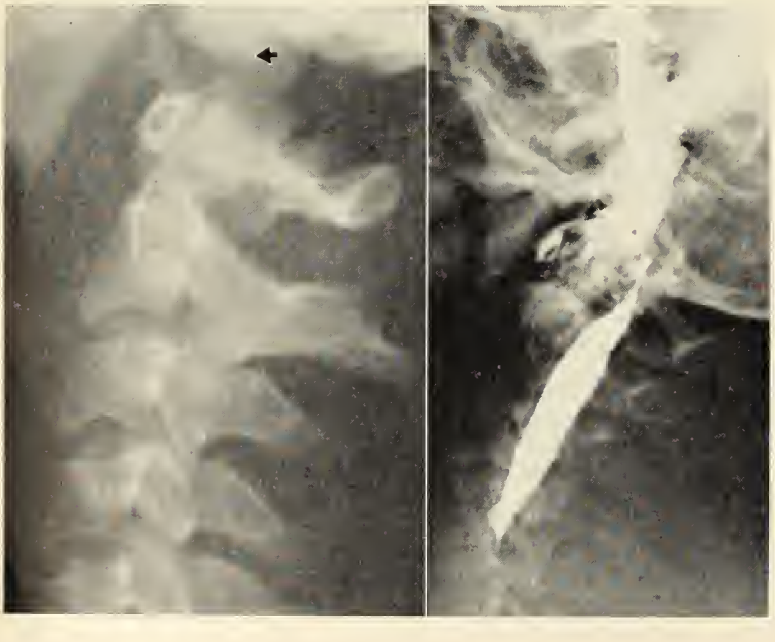
*Case 1.**—A middle-aged, left-handed man was involved in an automobile accident. X-rays of the cervical spine revealed an occipital-atlantal separation associated with disruption of the atlanto-occipital ligaments and a linear fracture of C4 spinous process (Fig. 1A). He had a compound fracture of the right mandible and his tongue was so severely lacerated that it required fifteen sutures to close the wound.

A tracheostomy was performed at a local hospital and the patient was transferred to the University of Michigan Medical Center for further treatment. The neck was swollen and tender, and a left pneumothorax was found which was successfully treated by intercostal suction drainage. His neurologic status was normal except for a right sixth cranial nerve palsy. Vinke tongs were inserted, and ten pounds of traction were used to stabilize his cervical spine. A week after injury he was moved to the U. S. Veterans Hospital, Ann Arbor, for further care. A cranio-cervical myelogram revealed a leakage of pantopaque anteriorly at the junction of the occiput and atlas with some defect in the anterior portion of the column due to posterior displacement of the atlas (Fig. 1B).

Comment.—This is the only fracture-dislocation of this type seen in the author's experience. There was a complete disruption of the anterior and posterior occipito-atlantal ligaments or such a lesion could not have occurred. Inasmuch as the vertebral arteries are captives as they cross the C1 lamina and enter the skull through the foramen magnum, this man could very readily have sustained marked hypoxia to his upper cervical cord and brain stem by torsion or compression of these vessels. Since he had a considerable amount of secretion of blood in his trachea from his lacerated tongue and there was a certain degree of hypoxia from his left pneumothorax, the tracheostomy no doubt was a lifesaving measure.

The subsequent cervical myelogram demonstrating a definite disruption of the meninges with leakage of contrast material anteriorly through the anterior longitudinal ligament and through the capsule of the occipito-atlantal membrane is of some significance. Where such an iatrogenic dural tear occurs in operations on the lumbar region or on the suboccipital area, a tiny hole in the dura permits cerebrospinal fluid to push the arachnoid through the defect causing a ball-valve action thus creating a meningocele. The possibility of such a lesion occurring in this man must be seriously considered and therefore the author believes posterior exposure of the region by laminectomy with transdural inspection of the anterior dural defect should be considered prior to fusing the occiput and the upper two or three cervical vertebrae.[1,9] A cautious repeat cervical myelogram may be justified in such instances to determine the fate of this dural rent anteriorly.

Case 2.—A middle-aged, right-handed man was rendered unconscious during an automobile accident. He was taken to a local hospital where it was noted he had facial and head lacerations, a closed head injury, and fracture of his right clavicle. His lacerations were sutured and a tracheostomy was performed. The clavicle was treated in a figure of eight support. Because of his precarious condition satis-



Figs. 1A and B. Case 1

Fig. 1A. The lateral x-ray view of the cervical spine shows complete disruption of the ligaments between the skull and the atlas (arrow).

Fig. 1B. A cranio-cervical myelogram demonstrates that laceration of the meninges has occurred with leakage of the pantopaque anterior to the junction of the skull and cervical spine. There is an anterior defect in the opaque medium caused by posterior displacement of the atlas. (Courtesy of Dr. Trygve O. Gabrielsen and Dr. John A. Maxwell. To be published.)

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*Courtesy of Drs. T. O. Gabrielsen and John A. Maxwell. To be published.

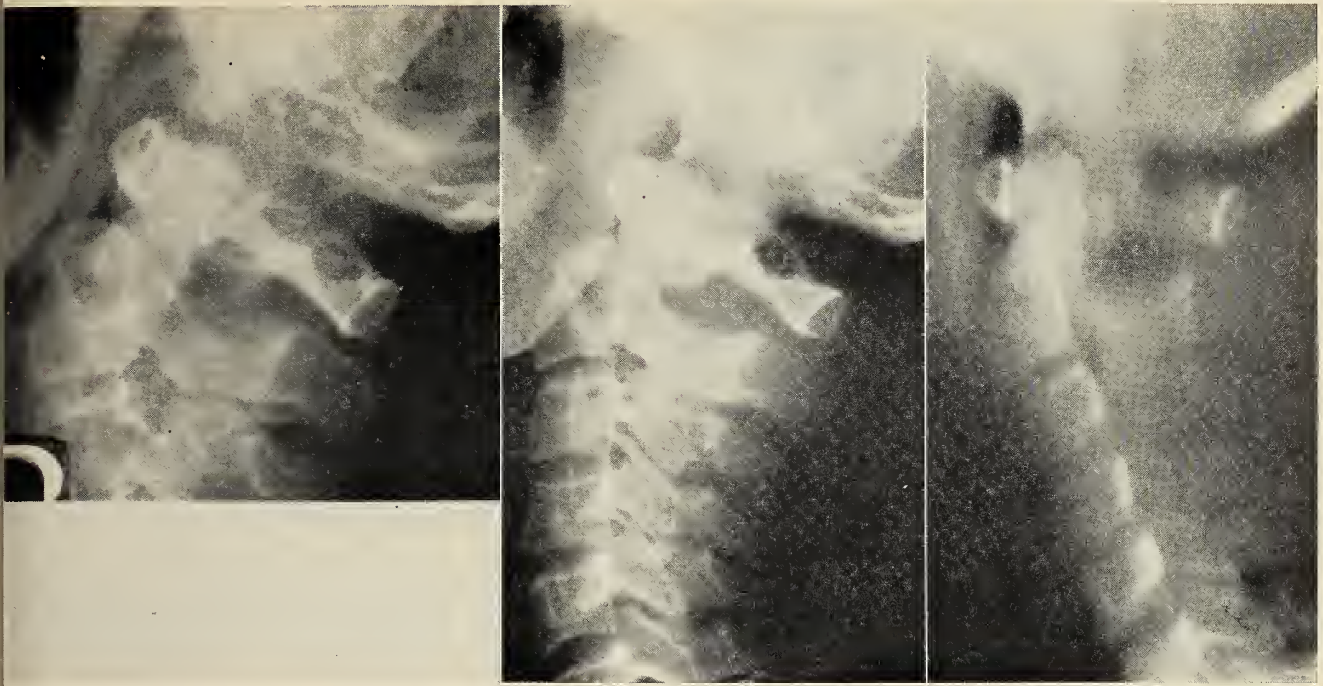


Fig. 2A, B and C. Case 2.

Fig. 2A. This lateral cervical spine film taken *with slight rotation* suggests an occipito-atlantal separation similar to that resented in Case 1.

Fig. 2B. This lateral x-ray view of the lesion shows a posterior greenstick fracture of the odontoid process *without* apparent ccipito-atlantal separation.

Fig. 2C. A laminagram made after the application of skeletal traction confirms the findings in Fig. 2B, but shows some con- nued mild posterior odontoid displacement.

factory x-rays could not be procured but atlanto-axial dislocation was suspected in the x-ray films which were available.

Since he continued in a comatose state for a week without any change in his vital signs, the patient was transferred to the University of Michigan Medical Center a week after injury. On admission to this hospital he was semicomatose so that only marked pressure upon the supraorbital notch caused extension of the hands and arms in a "flipper" position (i.e., the fingers, hands, and arms went into extension with the hands in ulnar deviation) in a pattern of decerebrate rigidity. No definite sensory change could be elicited. There was anisocoria with the left pupil slightly larger than the right, and he had an equivocal right facial paresis. There were bilateral extensor plantar reflexes but there was no evidence of pyramidal tract signs in the upper extremities.

X-rays of the skull and cervical spine suggested a possible occipito-atlantal separation, and a linear fracture of the laminar arch of the atlas, and a rather marked posterior atlanto-axial dislocation (Fig. 2A). A repeated x-ray examination disclosed only the lateral abnormality (Fig. 2B). Vinke skeletal traction was applied and the patient placed on a Foster frame with the cervical spine in slight flexion and eight pounds of traction were applied in an attempt to realign the spine.

Neurologic re-evaluation three days after transfer to Ann Arbor demonstrated that with painful stimuli the patient's arms moved into flexion with clenching of the fists but his state of consciousness remained unchanged. Laminagrams were secured to disclose the condition of the cervical lesion. The odontoid process was not in perfect position but had the appearance of a greenstick fracture which was about 75 per cent reduced and in fair alignment (Fig. 2C). Arteriography was performed to exclude the presence of an intracranial lesion.

Comment.—Posterior atlanto-axial dislocations are relatively rare compared to the number of anterior ones. Unfortunately, because of the patient's semi-comatose state, the classical "open-mouth" x-ray views of the odontoid process could not be obtained. The lacerations on the head and face suggested the mechanism of injury in such instances was one of severe hyperextension of the cervical spine with the greenstick fracture occurring at the base of the odontoid process. The recognition of the neurologic signs of rigid extension of the upper extremities with the hands in the "flipper" position and yet preservation of voluntary flexion movements of the lower extremities is of importance for it suggests a high cervical cord or lower medullary injury due to direct spinal cord compression or some compromise of the vertebral artery blood supply to these regions.[18] These findings may be contrasted to the similar pattern of the upper extremities with marked extension of both lower extremities and opisthotonos as is witnessed in midbrain injuries. The prognosis in our experience has been much better in the former group of patients. Preferred treatment is tracheostomy and the application of skeletal traction in some degree of flexion to re-establish alignment, and usually posterior fusion to include the occiput and the upper cervical spine.[9]

Case 3.—A 20-year-old man was involved in an automobile accident in September, 1952. At this time, he sustained a fractured nose and severe soft tissue injuries of his face. Immediately after the accident, he had some stiffness of his neck and x-rays taken at a local hospital were reported to have been normal. He was released from medical care but continued to have stiffness and aching in his neck which was accentuated by rotating and flexing his head forward. He was examined at University Hospital on February 6, 1953, and found to have limited flexion and extension of neck movements. Forced flexion or compression of the cervical spine caused moderate pain over the upper cervical region, and there was slight tenderness on palpation. He had no neurologic deficit.

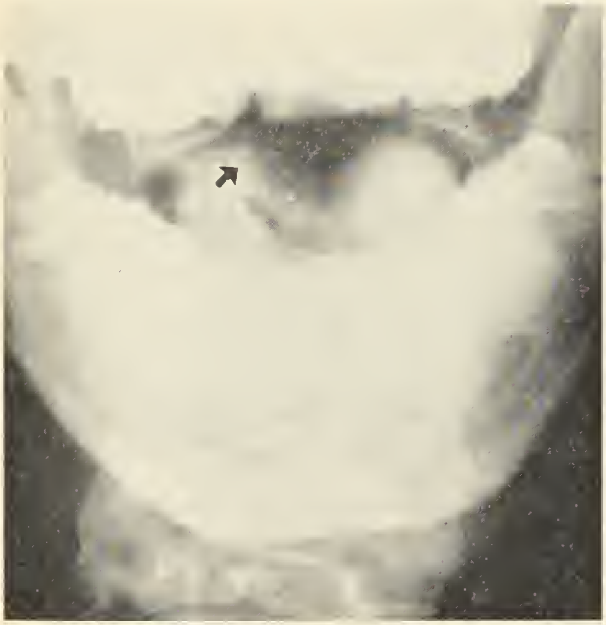


Fig. 3A. Case 3. The "open mouth" view shows the complete avulsion of the dens from the axis.

X-rays of the cervical spine disclosed a complete avulsion of the odontoid process from its base on the "open mouth" views (Fig. 3A). The lateral views in flexion showed the degree to which displacement of the dens had occurred (Fig. 3B and C). They also display nicely the approximation of the atlantal arch to the occiput a point repeatedly emphasized by Badgley.[2] Vinke skeletal tong traction was applied and the patient was placed on a Stryker frame. On February 19, 1953, an arthrodesis of the occiput and the first three cervical vertebrae was performed by Dr. Carl Badgley of the Orthopedics Department (Fig. 3D). The patient remained on the frame posteriorly until March 7, 1953, at which time a Taylor back brace and Forrester collar were substituted for the traction apparatus. The patient made an uneventful recovery and sustained a solid fusion.

Comment.—This patient was interesting for he displayed the more common classical anterior atlanto-axial dislocation with fracture of the odontoid and dislocation anteriorly rather than posteriorly as described in the previous case. The classical "open mouth" view demonstrated nicely the complete avulsion fracture of the odontoid process from its base on the axial body. As in the previous

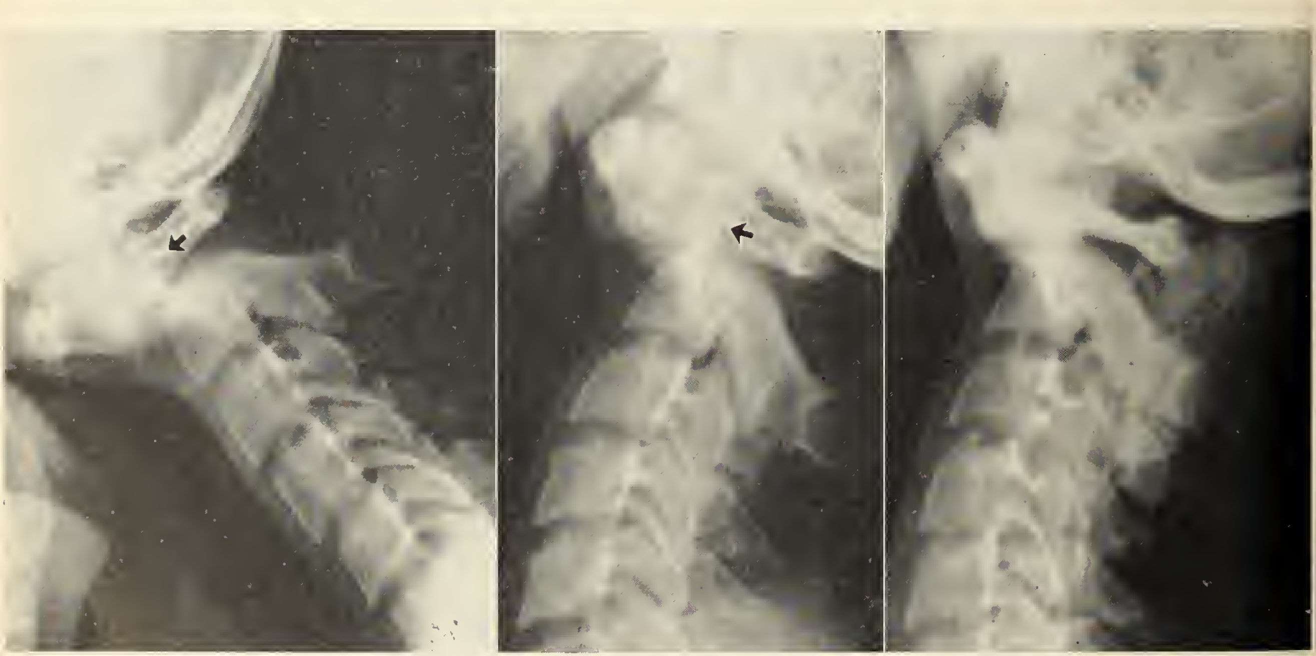


Fig. 3B, C and D. Case 3.

Fig. 3B. Anterior dislocation of the atlas on the axis in the flexion view. Note the approximation of the atlantal arch to the rim of the foramen magnum.

Fig. 3C. The anterior dislocation lesion demonstrated on the hyperextension view.

Fig. 3D. Postoperative film demonstrating partial reduction and posterior arthrodesis incorporating the occiput with C1, C2 and C3 processes and lamina.

instances, there had been a facial injury, but in this case no period of unconsciousness to suggest that skull x-rays should have been taken. It was amazing the degree to which such anterior dislocation of the atlas could occur without symptoms.[6,7,8] The author has called attention to the significance of such a lesion in a football player where an acute dislocation of this type probably compressed the vertebral artery bilaterally causing hypoxia to the brain stem resulting in convulsions, respiratory failure, and death.[19] The chronic development of such lesions has prompted the author to include cervical spine and x-ray examinations in many cases of head injuries. It is remarkable how insidious they may be.[2,10]

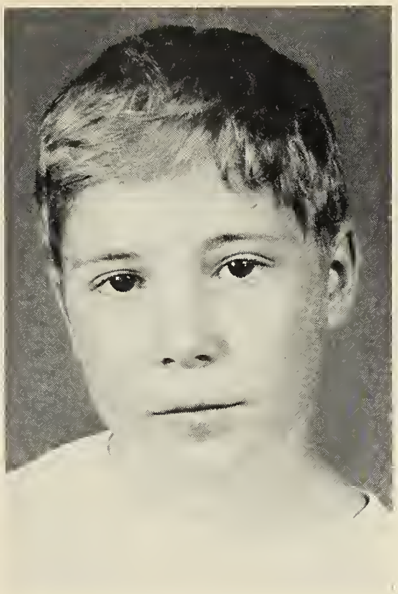


Fig. 4A. Case 4. The stiff head tilt of the vertex to the right with the chin toward the left classically suggests unilateral dislocation of the cervical facets.

Case 4.—A ten-year-old boy was struck by a car at 5:15 p.m. On admission to the hospital he was unconscious and in decerebrate rigidity. There was an eight centimeters in diameter cephalohematoma over the right occiput. His pupils were equal and reacted to light but his eyes were held in conjugate deviation toward the left side. X-rays of the skull exhibited an equivocal fracture of the right parieto-occipital area. He was given tetanus toxoid, penicillin, and Decadron. At 7:30 p.m., two hours after admission to the hospital, he displayed extension of his arms and some purposeful flexion movements of his lower extremities. A hypothermia regime was instituted. After eight days, his decerebrate state disappeared and he started to move about purposely, speech returned and he accepted oral fluids. The patient required an indwelling catheter for 34 days. Gradually, he ambulated and by June 3 he appeared to be neurologically negative and was discharged from the hospital. When seen by the neurosurgeon at the time of his follow-up visit the patient had a stiff neck and the tilt of the vertex of the head to the right with the chin toward the left side (Fig. 4A). A diagnosis of unilateral dislocation of the upper cervical spine was made. The patient was admitted on the Bone and Joint Service under Dr. Gerald O'Connor's care. Lateral x-ray films of the cervical spine disclosed evidence of rupture of the transverse odontoid ligament so the ring of the atlas was anteriorly displaced (Fig. 4B). Routine "open-mouth" views of the odontoid process demonstrated that its base was intact. (Fig. 4C) Arrows designate the left lateral mass which does

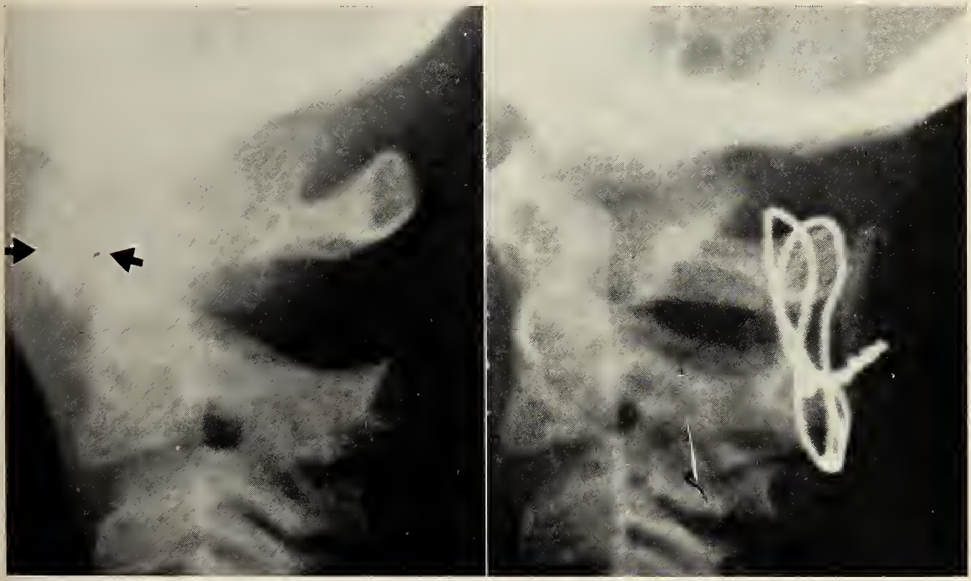
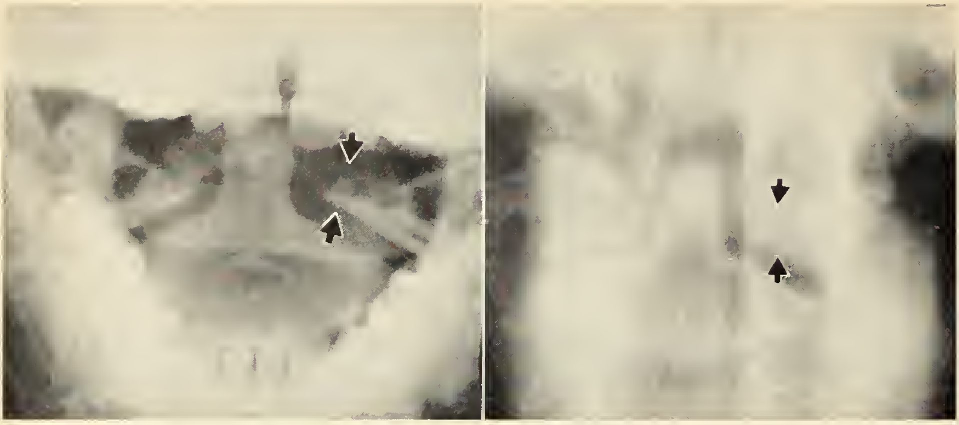


Fig. 4B and E. Case 4.

Fig. 4B. There has been rupture of the transverse ligament. The space between the anterior "ring" of the atlas and the odontoid may be measured between the arrows. Badgley[2] has often remarked concerning the approximation of the C1 spinous process to the occiput and the distance between the C1 and C2 spinous processes in such cases.

Fig. 4E. Postoperative x-ray showing wire holding C1 and C2 spinous processes in apposition. Onlay autogenous bone is not visualized readily.



Figs. 4C and D. Case 4.

Fig. 4C. The routine "open mouth" views disclose no fracture at the base of the odontoid. Arrows indicate the left lateral mass.

Fig. 4D. Laminagrams of the previous view demonstrate a compression fracture of the left lateral mass.

not appear too abnormal compared to the right one. However, laminagrams revealed a compression fracture of the lateral mass (Fig. 4D), not readily visualized by other views. Vinke tong skeletal traction was inserted by the Neurosurgical Service and seventeen pounds of traction applied. Relocation of the spine was gradually accomplished and the patient was fused by the Bone and Joint Service two months after injury by Dr. Robert Bailey by wiring the spinous processes of C1 and C2 together and placing an autogenous bone graft posteriorly (Fig. 4E). The patient has made an excellent recovery.

Comment.—This case again indicates the problems of combined head and spinal cord injuries, and shows the pattern of high cervical cord injury vs. brain stem damage as described in the previous case. Because of the severity of the head injury, the spinal cord injury was masked. The "so-called" classical clinical picture of a unilateral fracture-dislocation of cervical facets is shown,[11,12] but in this case is due actually to a unilateral fracture of the lateral mass of the vertebral body with rupture of the transverse ligament. The value of the laminagram has been well demonstrated in this case. O'Connor has stressed the problems in diagnosis of traumatic lesions in this category which are ex-

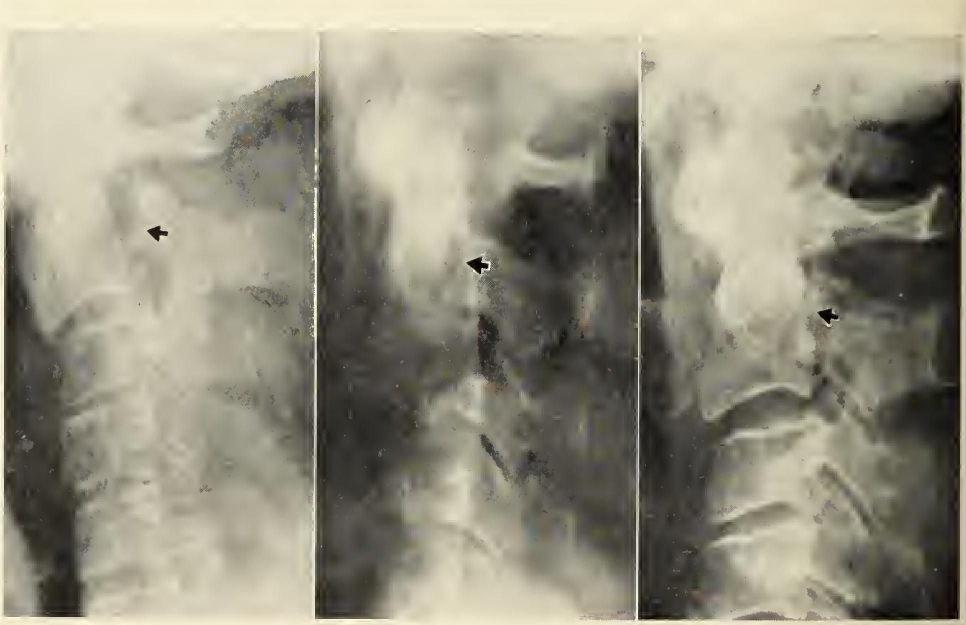


Fig. 5A, B and C. Case 5.

Fig. 5A. The typical "hangman's fracture" of bilateral avulsion of the axial neural arch and dislocation of the axis on C3 vertebral body.

Fig. 5B. Post-traction laminagrams demonstrate reduction of the lesion with spinal realignment.

Fig. 5C. The normal lateral x-ray view post-reduction film is a contrast to the laminagram (Fig. 5B). (Courtesy J. Neurosurg., 1964.)

tremely difficult for even the best trained radiologists, orthopedic surgeons, and neurological surgeons.

Case 5.[*]—While asleep riding in the front seat of a car, an elderly man sustained a head and neck injury in an auto accident on November 24. He had no recollection of his surroundings until four or five days after admission to his local hospital. In addition to pain and limitation of motion of his neck, there was an open wound on the left side of the neck and lung emphysema. A severe laceration of the tongue required fifteen stitches. The cervical spine x-rays demonstrated a bilateral axial avulsion fracture of the neural arch and a dislocation of the axis on C3 vertebral body (Fig. 5A). He had no neurologic deficit. Tracheostomy was performed to combat tracheal compression and prevent aspiration of secretions. Skeletal tong traction was applied and in the succeeding days the patient gradually improved so the tacheostomy tube could be removed. He was transferred to University Hospital on December 27.

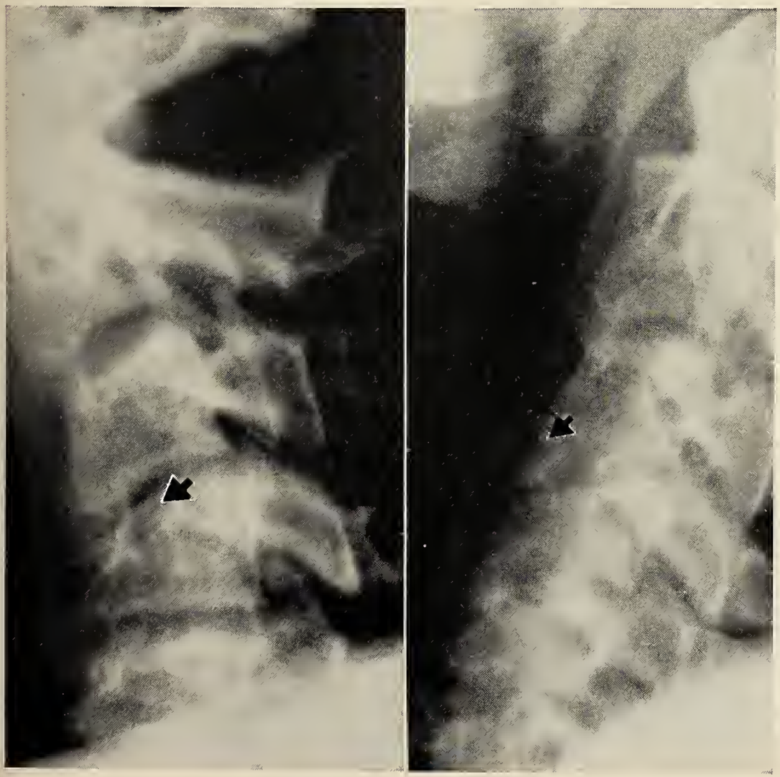
Subsequent cervical spine laminagrams were made and showed the fracture to advantage (Fig. 5B), confirming the excellent position visualized on the plain lateral x-ray views (Fig. 5C). The anterior-posterior view of the laminagrams indicated the odontoid process was intact. The orthopedic consultant recommended a cervical brace be substituted for the skeletal tong traction on January 7, six weeks after his injury. The patient was told he would have to wear this support for at least another eight weeks in order to permit stabilization of his fracture. It was removed on April 10 after x-rays showed continued good healing.

Comment.—This rather interesting type of fracture has been designated as a "hangman's fracture."[21] It is characterized by the avulsion fracture of the axial neural arch fortuitously resulting in decompression of the spinal cord. There may be some degree of dislocation of the axis on the C3 vertebral body. The lesion has been so designated since it was discovered that in most judicial hangings where a submental knot is used the cervical spine will exhibit this type of fracture. In the vast majority of instances, when it is the result of traffic accidents and survival occurs, it is associated with no neurologic deficit, and even more important, if properly immobilized for a sufficiently long interval will heal spontaneously without surgical intervention.[21]

Case 6.—A young, right-handed boy dove into shallow water and upon rising to the surface was reported to be immediately and completely paralyzed. He was cautiously removed from the water and taken to a local hospital where he was found to have a complete tetraplegia. Proprioceptive and superficial touch sensations were preserved throughout the body and all four extremities, and priapism was present. Cervical spine x-rays demonstrated a compression fracture of C4 vertebral body. These were procured in both extension and flexion positions to check on stability of the spine (Fig. 6A and B) and the dislocation treated by immobilization in a cervical collar.

His physician believed he had spontaneously reduced his lesion in the water. After the patient was catheterized the priapism disappeared. The patellar and Achilles reflexes were equal and active; the biceps and triceps reflexes were present but symmetrically diminished. He had no pathological reflexes.

Initially, transportation of the patient was considered dangerous, but after eighteen hours had elapsed and the patient had progressed to a complete motor and sensory



Figs. 6A and B. Case 6.

Fig. 6A. The C4 vertebral body compression fracture is shown in flexion.

Fig. 6B. In hyperextension to the presence of a "tear drop" fracture of the C4 body is demonstrated with no apparent posterior displacement into the cervical spinal canal.

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[*] Republished courtesy of J. Neurosurg., 1964.

lesion, a neurosurgical consultant indicated that cautious transferral in traction to the University of Michigan Medical Center was advisable. Upon his arrival there the patient had a temperature of 106.2°, diaphragmatic breathing, and complete motor and sensory tetraplegia. Vinke skeletal tongs traction was inserted and 15 pounds of weight were applied. After 12 hours of vigorous treatment with alcohol sponges and suctioning his temperature dropped fluctuating in a range of 98° to 102°. His Achilles reflexes returned and there was plantar flexion on stroking the feet. The initial pattern suggested the typical acute anterior cervical cord injury syndrome and since his lesion was incomplete operation was considered.

A week after injury, he had a laminectomy of C3, C4 and C5 vertebrae. Upon opening the dura the spinal cord was found to be intact but discolored with a bluish cast suggesting rather marked contusion. The dentate ligaments were cut. No attempt was made to manipulate the cord and explore anteriorly for fear of causing increased damage and respiratory arrest. Approximately one month after injury he had an anterior spinal fusion by Dr. Bailey of the Orthopedic Staff to insure stabilization of the spine in the event that further neurologic return might occur.

About three months later, Dr. Bruce Stewart of the Urology Department diverted his urinary stream by a cutaneous vesicostomy. He has continued neurologically unchanged plagued by the usual complications associated with the tetraplegic state.

Comment.—This patient sustained a C4 vertebral body compression fracture which is at an extremely high level for such lesions. As has already been indicated, these usually occur at the junction of the mobile cervical and relatively fixed thoracic spines. Because of his level of combined spinal and cervical cord injury, his situation was marginal. The intercostal musculature had already been paralyzed and his local injury suggested the possibility of ascending edema impairing the C2, C3 and C4 nerve roots which would paralyze the diaphragm bilaterally with respiratory arrest. The cervical spine x-rays in mild flexion and limited extension showed there was no associated dislocation and a compression fracture was the underlying lesion. *In such instances, it is advisable to maintain the patient in traction in a neutral position during diagnostic studies.* Subsequent neurologic evaluation showed an incomplete lesion which had progressed after 18 hours into a complete one. The local physician used excellent judgment in not transferring this patient initially because of the high level of the cervical lesion, and by his careful neurologic follow-up examination picked up the progression of neurologic deficit. At this time, after the consultation with the neurological surgeon, it was realized the patient would have to be transferred *cautiously* for further therapy.

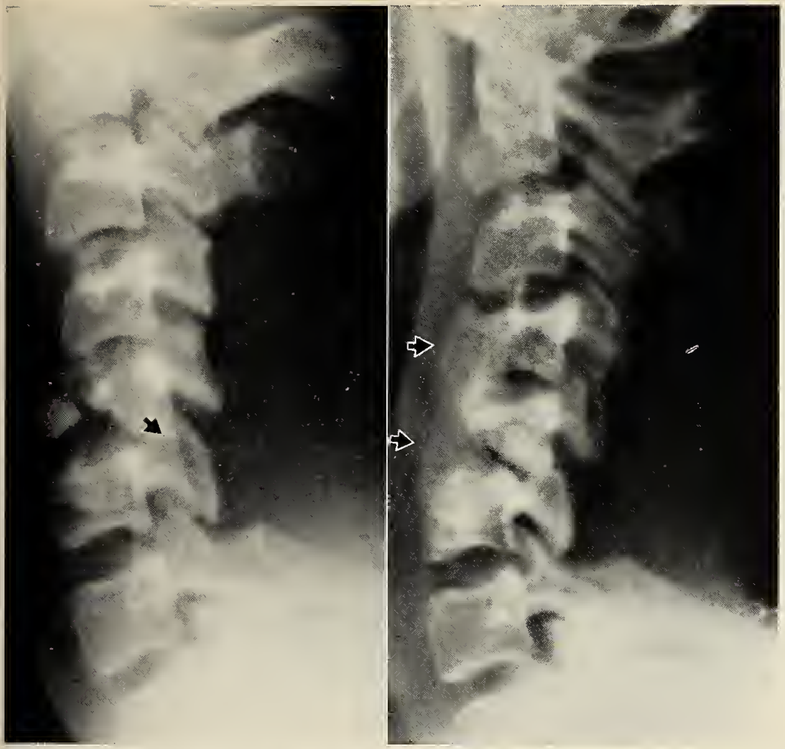
Because of the patient's high temperature and evidence of ascending cervical spinal cord edema, even a lumbar puncture was deferred 24 hours. When it was finally performed, there was no evidence of block on the Queckenstedt test and a cloudy pink fluid was obtained demonstrating subarachnoid hemorrhage from a probable laceration of the cord thus suggesting a very poor prognosis. Nevertheless his original physiological state had suggested the presence of an incomplete lesion of the acute anterior cervical spinal cord injury syndrome[13,15] and operation was performed. This syndrome consists of an immediate complete paralysis of all four extremities with a sensory pattern for pain and temperature consistent with the level of the lesion, but with the preservation of motion, position, vibration, and touch sensation. It may be associated with anterior cervical cord compression (by a ruptured disc or bony fragment), by anterior cervical spinal cord vascular insufficiency due to compression of the anterior spinal artery, or by partial anterior cervical spinal cord destruction. Since one cannot distinguish one type of lesion from another, decompression and exploration are indicated. After a week, the patient's state had stabilized sufficiently so that cervical laminectomy could be performed with exposure of the cord and section of the dentate ligaments. The bluish tinge of color in the cord indicated severe contusion and suggested that not only would manipulation of the cord not contribute any improvement but indeed could readily result in a fatality. Rehabilitation measures are being instituted but the prognosis for further recovery is extremely grave.

Case 7.—A young right-handed boy dove into shallow water and sustained immediate paralysis of all four extremities. He was admitted to a local hospital in a distant city where it was noted that touch, motion, and position sensations were preserved. Lateral x-rays of the cervical spine demonstrated a "tear drop" fracture of the C5 vertebral body (Fig. 7A). He was placed in skeletal traction and nine days later was flown to the University of Michigan Medical Center for further treatment. Upon admission to the hospital, he had a complete areflexic tetraplegia with hypesthesia in the C7 and C8 dermatomes and a level of T7 hypesthesia on the trunk bilaterally.

Touch and position sensations were well preserved on the left but less well so on the right side. There were no pyramidal tract signs. A lumbar puncture was performed with a partial block on the Queckenstedt test and a partial injury to the cervical spinal cord was diagnosed. Ten days after being placed on a Foster frame with 15 pounds of traction, he was operated upon at the level of C5 and C6 vertebrae. C5 spinous process was displaced approximately 1 centimeter from its normal position and there was a vertical fracture of the lamina of C5 bilaterally with some pressure upon the dura.

Laminectomy of C5 and C6 was performed with an elevation of the depressed spinous process and lamina. This was associated with a fairly extensive hemorrhage. Upon opening the dura the spinal cord appeared to be normal, and after sectioning the dentate ligaments it was believed advisable to leave this covering open. The right C6 nerve root had been partially divided by the trauma by the acute hyperflexion of the cervical spine. The left C5 and C6 nerve roots were bound down firmly and it was impossible to free them without producing further neurologic damage.

Forty-eight hours postoperatively, it was observed the sensory level had dropped 4 inches to the mid-scapular area and there was now a weak bilateral ankle jerk with a clonus of the right ankle. Inasmuch as the lesion was in-



Figs. 7A and B. Case 7.

Fig. 7A. There is a typical "tear drop" fracture of the fifth cervical vertebra caused by severe flexion. The anterior portion of the vertebral body drops off anteriorly, but the posterior fragment becomes displaced into the cervical spinal canal (arrow) with the possibility of causing anterior cervical spinal cord compression.

Fig. 7B. Anterior cervical spinal fusion of C4, C5 and C6 vertebral bodies to prevent further collapse, deformity, and possible cord compression.

complete, stabilization of the spine was thought advisable to prevent incomplete healing of the bone and kyphos formation with anterior spinal cord compression.

Twenty-three days after injury, an anterior cervical spinal fusion from C4 through C6 vertebrae was performed by Dr. Robert Bailey (Fig. 7B), and simultaneously Dr. Bruce Stewart made a suprapubic cystotomy which seven weeks later was followed by a vesicostomy. After nine months of convalescence, the patient has exhibited no further signs of recovery.

Comment.—This patient presented the anterior cervical spinal cord injury syndrome which also was noted initially in the previous case. It is highly doubtful that an earlier surgical attack on this problem would have been beneficial. However, Tarlov[22,23] has stressed in the experimental animal and man the longer compression has occurred the less chance there is for functional recovery. For this reason, the author would have operated on the patient as soon as possible after injury. His lesion was one cervical vertebral body lower than in the previous case and in such instances there is less danger of interfering with diaphragmatic function than in the previous one (Case 6). The importance of the "tear drop" fracture has been stressed by our neurosurgical service for it has been found such lesions have been extremely unstable.[16] In order to prevent further collapse of the vertebral bodies with kyphos formation, loss of lordotic cervical curve, and anterior cervical cord compression, anterior cervical spinal fusion was recommended. The prognosis for this patient is extremely grave for any further degree of recovery.

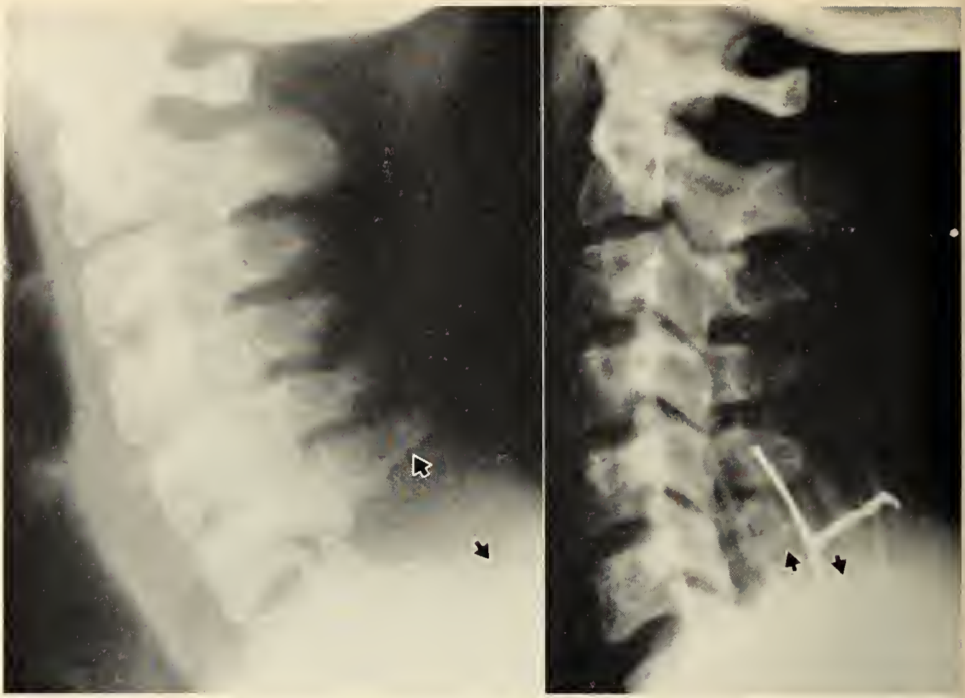
Case 8.—A right-handed, high school football halfback, while carrying the ball, received a neck injury when two tacklers held his arms at his sides while he fell forward with his head bent downward. A third opponent struck this group so that the ball carrier fell forward with the neck so completely flexed the head was markedly bent and both shoulders rested directly on the ground. The halfback had an immediate complete paralysis of all four extremities with a total loss of sensation for a few minutes after injury, but then he began to move his lower extremities.

From the time of injury until admission to his community hospital, the patient gradually recovered all motor power and noted pain and tingling only radiating along the inner aspect of his forearm. After having cervical spine x-rays, he was placed in halter traction at a local hospital for five days and then discharged wearing a plastic collar.

Five weeks later, a neurosurgical examination at the University of Michigan Medical Center revealed some right triceps paresis and weakness of his interosseus muscles. X-rays of his cervical spine demonstrated dislocation of C6 on C7 vertebral body with marked subluxation of the facet bilaterally and marked separation between the C6 and C7 spinous processes (Fig. 8A). A fracture of the lateral mass of C7 and possibly C6 vertebrae was demonstrated on the steroscopic views.

On the following day, Vinke tongs were inserted and skeletal traction was applied. The author exposed the C6 and C7 facets two days later and a subtotal laminectomy with partial facetectomy was performed at C6-C7 on the right side. The nerve root at this interspace was exposed and was found to be compressed at the foramina of C6-C7 with most marked impairment on the right side. A right foramenotomy was performed with decompression of the involved nerve root. Dr. Robert Bailey of the Bone and Joint Service then inserted a No. 18 wire through the C5 and C7 spinous processes and the latter was tightened. The C5, C6, and C7 lamina were roughened and cancellous bone slivers from the Bone Bank were applied over this area bilaterally and the wound closed.

A recheck examination of the cervical spine taken 12 days later demonstrated the wire and the posterior cervical fusion (Fig. 8B). Nine days later, the skeletal traction was



Figs. 8A and B. Case 8.

Fig. 8A. The subluxation of the C7 superior articular facet on the C6 inferior anticular facet is well visualized. The amount of displacement is apparent when the degree of interspinous spread is noted (arrows).

Fig. 8B. Postoperative reduction of the subluxation has been accomplished by traction (which should have been diminished). The wired C5 and C7 spinous process and cancellous posterior arthrodesis are shown.

removed, a Forrester collar was applied for three more days, and he was discharged from the hospital.

Comment.—This injury occurred in the position of flexion and the football player was extremely fortunate not to have totally transected his cervical cord. He sustained either a transient concussion of the cervical spinal cord or there was transient vascular insufficiency to it for he recovered complete function. The C7 nerve root was adequately decompressed and it is very likely he will make a complete recovery. This type of lesion has been seen by the author on several occasions. It may be insidious and gradually progressive. Serial post-injury x-ray examinations are the only method of excluding such gradual progressive subluxation without neurologic deficit. In this instance, cautious decompression of the nerve root and realignment of the cervical spine with stabilization by posterior cervical spinal fusion is the treatment of choice. The prognosis for complete recovery is excellent.

Case 9.—A middle-aged man was riding in a boat in the spring of 1960 when he struck his head as he was passing under a low bridge and sustained a three-inch forehead laceration and an injury to his neck. Upon being taken to the local hospital, x-rays of the cervical spine were reported as negative (Fig. 9A). He was never rendered unconscious and after examination he was released from the hospital and able to drive his car home. Over a period of a few days, he noted some progressive numbness on the ulnar side of both arms and complained of pain in his neck and coldness of his hands. Cervical halter traction was attempted intermittently at home and in the hospital without much relief of his pain. Most of his symptoms were attributed to his excessive chronic ethyl alcohol intake. Three weeks after his injury he developed progressive weakness in his grip bilaterally, was unable to extend the ring and the little fingers of his hands, with more involvement of the left extremity than the right. The patient also observed that his hands were dryer, and lying down seemed to relieve the pain in the neck. On the day after the accident, he was catheterized for urinary retention and thereafter he was able to void. He gradually observed some progressive pain in his lower back with radiation into both lower extremities when he coughed. A month after his injury, he was referred to the University of Michigan Hospital for further evaluation and treatment. At the time of his hospital admission he had weak triceps function bilaterally; extension of the wrists and fingers was absent; the grip was paretic, particularly in the right hand; the interosseus muscles were weak bilaterally and there was no approximation of the thumb to the other fingers. Atrophy was noted in the triceps and interosseus muscles in both upper extremities. The triceps reflex was symmetrically absent and the biceps reflex was weakly present bilaterally. Hypesthesia was present in C6 and C7 dermatomes on the right side and in the left C8 dermatome. Skeletal traction was applied and the patient placed on a Foster frame. A lumbar puncture demonstrated no block on the bilateral jugular vein compression test. An electromyogram showed very marked denervation in all muscles supplied by C6, C7 and C8 nerve roots. Transaxillary views of the cervical spine demonstrated a dislocation of C7 vertebra on T1 vertebral body (Fig. 9B and C).

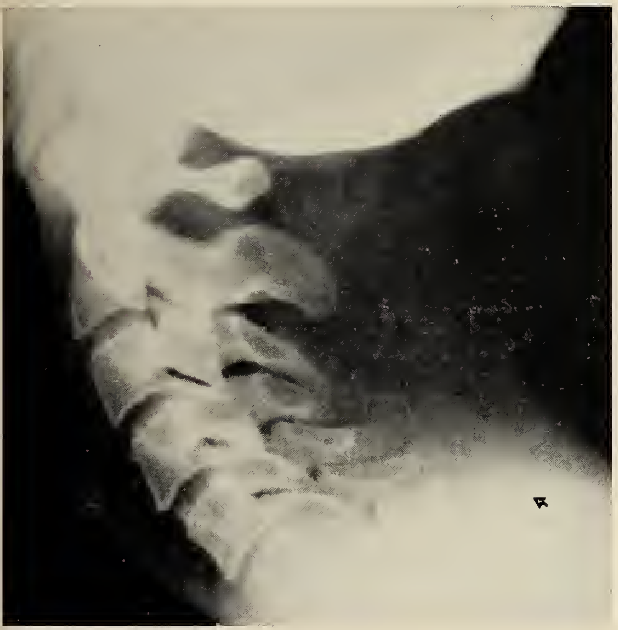
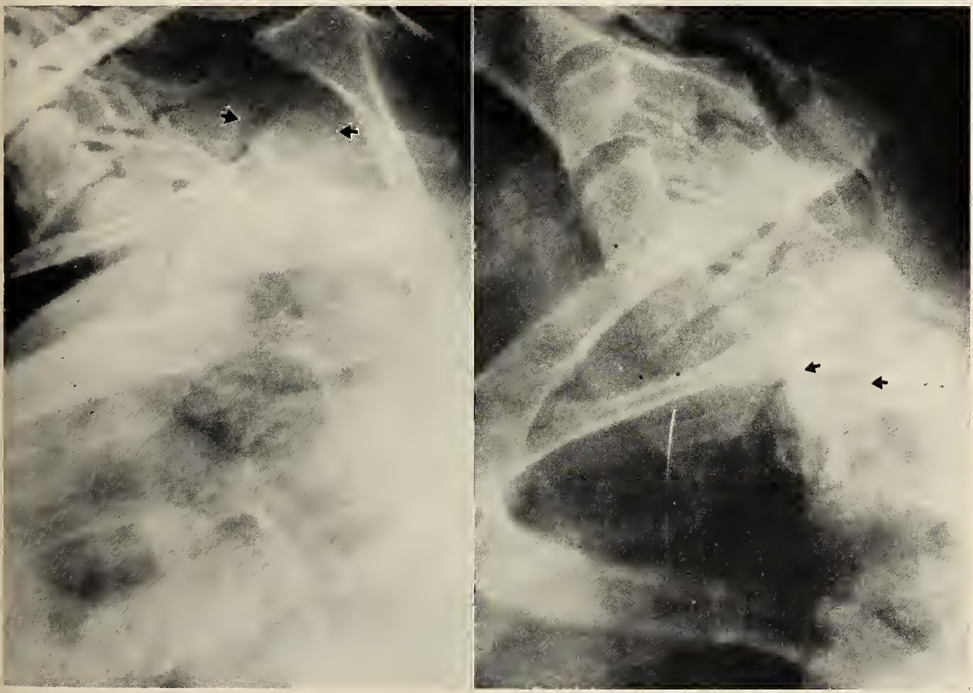


Fig. 9A. Case 9. This initial lateral x-ray film failed to demonstrate the base of the C7 vertebral body and its site of fracture-dislocation on the first thoracic vertebra. The arrow indicates the fractured C7 spinous process.

Five weeks after the initial injury at the time of a decompressive operation by Dr. Carl E. Badgley and the author, the C7 spinous process was found to be fractured. A complete laminectomy of C6, C7 and T1 vertebrae bilaterally was accomplished. The spinal cord was found to be markedly compressed anteriorly. The C7 and C8 nerve roots were severly pinched between the locked facets of C7 and T1 vertebrae. These nerve roots were unroofed and bone cautiously chiseled away under them accomplishing a marked degree of decompression, but the prognosis for any recovery was considered guarded since the C8 nerve root seemed to be scarred and somewhat frayed. In order to achieve a more complete decompression of the roots, a part of the facets of C7 and T1 were deliberately removed. The dura was opened, the dentate ligaments sectioned, and the spinal cord allowed to move freely posteriorly. The wound was then closed.

The patient's postoperative course on a Foster frame in traction was uneventful except for pain in the neck and arms. Because of the intentional facet removal at the time of the initial procedure, an anterior cervical spinal fusion was performed, two weeks later by Dr. Robert Bailey of C6, C7 and T1 using an iliac bone graft. Following his operation, the patient seemed well except for some right vocal cord paresis. Three or four weeks after his initial surgical procedure, he began to have increased function in the intrinsic muscles of his hands.

When seen six months after his injury, the patient had made remarkable progress toward recovery. His sensation had returned almost completely to the right hand and hypesthesia was confined to the left C8 dermatome. The interosseus muscles were weak, the biceps muscles were strong and the triceps were paretic bilaterally. The appearance of his anterior spinal fusion was reported as being



Figs. 9B and C. Case 9. The value of the transaxillary view of the cervico-thoracic junction is well demonstrated.

Fig. 9B. The arrows designate the margins of the C7 spinous process fracture.

Fig. 9C. The arrows indicate the posterior margins of C7 and T1 vertebral bodies, respectively. At this site such a degree of fracture-dislocation without spinal cord damage is truly remarkable.

solid. A note three years after injury indicated the man was working and had fair function of his hands but that he still had radiating radicular pain relieved by empirin compound and codeine. The status of his alcoholic intake was not stated.

Comment.—This patient illustrates several important principles. The x-rays of the cervical spine should always demonstrate the relationship of the C7 to T1 vertebral body in cervical spine injuries. The transaxillary lateral x-ray view of the cervicothoracic junction may be necessary to accomplish this. Posterior operative decompression of the nerve roots in cervical spinal cord in these cases is necessary. Simple anterior cervical spine exposures with subsequent fusion initially would have been inadequate to view the extent of this problem. The facets had to be removed deliberately posteriorly to achieve adequate decompression of the nerve roots, and the dentate ligaments sectioned to free the cervical cord. On the other hand, a posterior exposure with decompression of the cervical cord and nerve roots alone would not have sufficed. The anterior cervical spinal fusion was necessary secondarily to stabilize the spine which had been made unstable by the initial deliberate facetectomy.

Case 10.—A 34-year-old, right-handed carnival performer known as a "cannon ball" was admitted to University Hospital on July 14, 1950, after sustaining an injury when he was shot out of his cannon over two ferris wheels 80 feet high into a net 240 feet away (Fig. 10A). One of the net's supports broke so that the performer struck the ground on his chest and side of his head. He was temporarily rendered unconscious. Upon being removed to the hospital, he kicked his feet and became slightly violent but seemed to recognize his friends. X-ray films of the cervical spine showed a fracture-dislocation of C6 vertebral body on C7 (in 1950 in the *wet x-ray films* the detail was not clearly visible) (Fig. 10B). The neurosurgical resident promptly applied Crutchfield skeletal traction and the patient was placed on a Stryker frame.

During the night, the patient was irrational and did not respond well to commands. His right pupil reacted to light but his left could not be visualized due to the swelling of the face. His vital signs remained unchanged. Forty-eight hours after injury it was confirmed that the patient had sustained a cervical spinal injury two years previously and

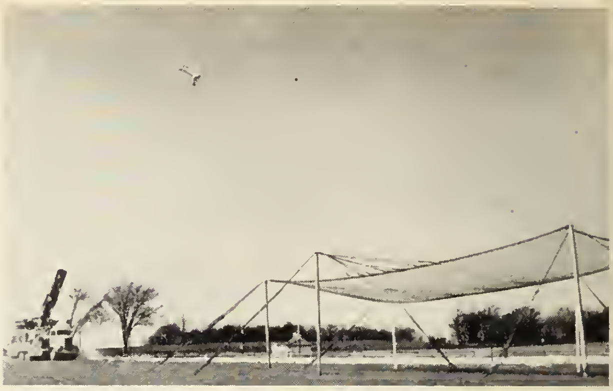
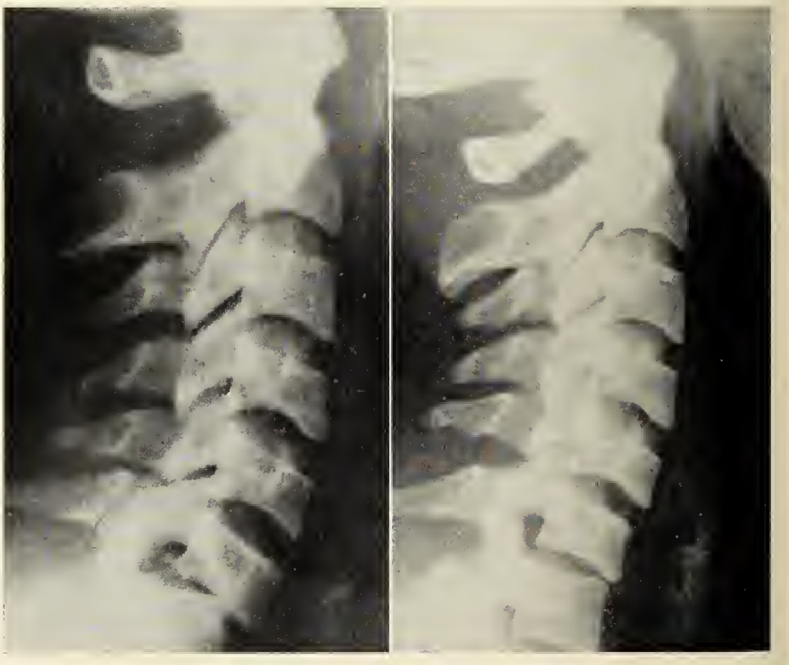


Fig. 10A. Case 10. The "human cannon-ball" in full flight rocketing 80 feet in the air finally to land in the net 240 feet away. (Usually, there are two ferris wheels, over which the performer is catapulted.)



Figs. 10B and C. Case 10.

Fig. 10B. This lateral x-ray film of the cervical spine was taken on August 15, 1950.

Fig. 10C. The second lateral x-ray view demonstrates the appearance on admission to a hospital on July 19, 1948.

his x-rays were procured from a distant hospital (Fig. 10C). In spite of the fact that he had been advised to wear a collar, he had taken it off in two or three weeks, returning to his beloved cannon, and apparently had pounded himself into a solid union, fortunately without associated spinal cord injury.

The patient's state of consciousness seemed to be lightening slightly by July 23, 1950, but he still remained disoriented, confused, and mumbling. A cautious lumbar puncture revealed a xanthochromic cerebrospinal fluid under normal pressure. During the next three days, the patient developed bilateral horizontal nystagmus, and observers believed he was less responsive. Because of his impaired state of consciousness and the progression of neurological signs in the form of nystagmus, a posterior fossa clot was suspected and a ventriculogram made on July 27. This showed normal sized ventricles without any evidence of an expanding lesion or hydrocephalus. Instead, there seemed to be some degree of left cortical atrophy.

His mental state began to clear satisfactorily and he was discharged on July 30 to his local hospital for further care. When seen on follow-up examination some weeks later, the patient was still found to have nystagmus and a marked organic brain syndrome. At this time, he notified the examiner that he had had the "dancing eyes since birth!"

He effusively thanked the author for saving his life, and thereafter annually presented him with two tickets to his performance at the local State Fair, in spite of the fact that he had been advised to refrain from his occupation.

Comment.—This case is presented to demonstrate how adherence to a code of indications for operation based on neurologic signs alone may lead one astray if an adequate history of an injury cannot be procured. In these days, the "wet reading" x-ray misdiagnosis is no longer a problem in most institutions since there are new dry machine methods of developing films. The "cannon ball" was one of the most vigorously treated patients and a most grateful one.

DISCUSSION

These ten cervical spine injury cases have been carefully selected to indicate the problems related to diagnosis and treatment. It is apparent that there was little or no difficulty acutely in identifying the lesion in Cases 1, 2, and 5 and proceeding with immediate therapy. The lessons related to the proper method of diagnosing a lesion by x-ray are taught in Case 6 where flexion and extension films were made. In such instances there is a possibility of causing increased spinal cord edema and perhaps a progression of neurological deficit. All of these patients preferably should be transported in halter or skeletal traction, or, if this is absolutely impossible, should be immobilized carefully with the head and neck firmly held in a neutral position with the aid of sand bags. The chronicity of symptoms or their progression merits urgent consideration for in Cases 3, 4, 7, 8, and 9 the initial routine x-ray examinations of the cervical spine were either inadequate in demonstrating the lesion clearly, or special views such as "open-mouth" (Cases 3 and 4), laminagrams (Cases 4 and 5), or transaxillary views (Case 9) were necessary. *The latter examination is most important for it is imperative the relationship of the C7 vertebral body to the first thoracic vertebra be visualized in all patients when cervical spine injuries are suspected.* In these days, it is unlikely there will ever be difficulty in identifying an old cervical fracture-dislocation such as the one diagnosed as an acute lesion in the "wet reading" (Case 10).

Fortunately, in this country, the pre-World War II era of complete conservatism in the treatment of spinal cord injuries, namely, of only placing a patient in a brace, halter, or skeletal traction has gradually faded. Throughout the past two decades the realization has occurred that treatment of the bony lesion was not enough but some consideration of the condition of the spinal cord was important. Based on the condition of the cervical spine and the patient's neurologic deficit, definite surgical indications and contraindications have evolved which may aid the surgeon in determining the type of approach which is required for the individual case.[14,17,20] In general, these criteria are too involved for a general discussion of this type.

Finally, a word should be said about the operation. In cases of atlanto-axial dislocation, healing may not occur without adequate stabilization by posterior fusion using wire, acrylic, or bone.[3] In lower cervical injuries anterior fusion, a simple procedure, not only does not permit adequate extradural and intradural exploration of the cervical segments involved, but also it does not allow section of the dentate ligaments to aid in decompression of the cervical spinal cord. Its attraction lies in the fact that it does not require the more delicate technique of the posterior approach in which the spinal cord and nerve roots must be handled with gentleness or serious neurologic deficit will occur. But it affords a shorter and usually more comfortable convalescence. There is a definite place for both the anterior and the posterior surgical treatment of spinal cord injury. Before the innovation of anterior fusion, the surgeon avoided facet disruption in decompressive laminectomies when exploring extensively extradurally and intradurally lest cervical spine dislocation occur. The posterior exposure of the cervical spinal cord may now be more radical in procuring adequate visualization with-

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out as great fear of instability, for anterior cervical fusion may be performed as a secondary procedure for fixation purposes. This is particularly true in the cases of "tear-drop" fracture-dislocation.

SUMMARY

Ten cases of cervical fracture-dislocation have been presented demonstrating which types of lesion may be treated conservatively by traction and bracing, and which patients require posterior exploration with or without posterior fusion or combined anterior cervical spinal fusion.

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New Surgeon General Policy re Polio Vaccine Outlined by Doctor Heustis

The following statement re "Immunization Policy re Polio Vaccine" has been issued by Albert E. Heustis, M.D., State Health Commissioner:

Mass Immunization Programs in the Absence of an Epidemic

"Communities which have not yet embarked on mass immunization programs, and which after proper counsel with health authorities decide to do so, should carry out such elective mass programs during the late fall, winter, and early spring to avoid failure of immunization in persons who may have interfering enteroviruses. The Public Health Services states:

" 'Such programs will be of value only if they succeed in reaching unimmunized persons, particularly preschool children, in lower socioeconomic areas. Before embarking on mass programs, all communities should develop definitive plans for continuing immunization programs to care for the new susceptibles born into or moving into the community.'

"Attention is invited to the following statement which appeared among the recommendations of the Special Advisory Committee on Oral Vaccine to the Surgeon General of the Public Health Service, released on September 22, 1964:

" 'The age groups to be immunized in mass programs and the vaccine chosen for use should be determined locally. The vaccination of individuals over school age (about 18 years) should generally be recommended only in those situations in which unusual exposure to poliomyelitis might be anticipated, such as epidemics, entry into military service and travel to other countries.' "

Other general statements about Polio Vaccine also were contained in the October 1 Health Department memo to division directors and directors of full-time local health departments.

THE CLINICAL SIGNIFICANCE OF Cutaneous Xanthoma

Cutaneous Xanthoma may appear as an early symptom of an underlying disease of lipid metabolism.

The morphologic appearance of these xanthoma provides a clue as to the nature of the underlying disease state. However, the specific diagnosis and classification of cutaneous xanthoma is based, not upon morphology, but upon appropriate study of the serum lipid values.

By JULES ALTMAN, M.D. and COLEMAN MOPPER, M.D., DETROIT

Cutaneous xanthoma have long been recognized as clinical entities and descriptive terms such as xanthelasma and xanthoma tuberosum are familiar medical vocabulary.

Recent literature[1,2,3] has emphasized that cutaneous xanthoma may appear as the initial symptom of an underlying disease involving lipid metabolism. An awareness of the different morphologic varieties of xanthoma is of importance to the clinician since it may provide a clue as to the nature of the particular underlying disease state.

Four morphologic types of xanthoma have been described. These are:

1. *Xanthoma planum (xanthelasma)—flat yellow plaques, most commonly appearing on the eyelids, and more rarely elsewhere on the trunk and extremities.*
2. *Xanthoma tuberosum—nodular, flesh-pink to yellow-orange masses situated over extensor surfaces.*
3. *Xanthoma eruptivum—small, discrete yellow papules often with an erythematous halo, often occurring abruptly in crops, over the trunk and extremities.*
4. *Xanthoma disseminatum—a rare type of muco-cutaneous xanthoma appearing as discrete and coalescent red-yellow to brownish papules involving the flexural and intertriginous areas.*

The morphologic diagnosis of xanthoma is only of limited usefulness, however, since the relationship between the morphologic variety of xanthoma and the etiologic disease state is not always specific. For example, xanthoma tuberosum indicates the presence of a disease of lipid metabolism, but these lesions may appear as a symptom of a number of disorders including essential familial hypercholesterolemia, idiopathic hyperlipemia, and xanthomatous biliary cirrhosis.

* * *

THE PRESENTLY ACCEPTED criteria for the diagnosis and classification of xanthomatosis is based, not upon morphology, but upon studies of the serum lipid values. The classification of lipid diseases by serum lipid values was originally proposed by Thannhauser and Magendantz.[4] The increased availability and refinement of biochemical laboratory methods for serum lipids has added greatly to our understanding of xanthoma.

Cutaneous xanthomatosis may be divided into three major groups depending on the predominating serum lipid fractions.

1. *Hypercholesterolemic xanthoma—where the principal abnormality is an increased serum cholesterol. Hypercholesterolemic serum is clear in appearance.*
2. *Hyperlipemic xanthoma—where the principal abnormality is an increased serum neutral fat (triglyceride). Hyperlipemic serum is cloudy (milky) in appearance.*
3. *Normolipemic xanthoma—where the serum lipid values are normal. Normolipemic serum is clear in appearance.*

A current classification[5] of cutaneous xanthoma based on serum lipid values is listed in Table I.

It is obvious that laboratory studies of the serum lipid fractions are required for the proper evalua-

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TABLE I. CLASSIFICATION OF CUTANEOUS XANTHOMA

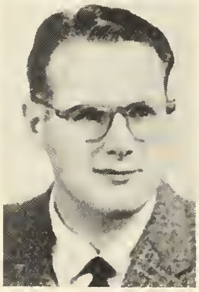
A. Hypercholesterolemic (Serum Clear)	B. Hyperlipemic (Serum Cloudy)	C. Normolipemic (Serum Clear)
1. Essential Familial Hypercholesterolemia	1. Idiopathic Hyperlipemia	1. Degenerative (a) Xanthelasma Palpebrarum (50% of cases) (b) Generalized Xanthelasma
2. Secondary to: (a) Myxedema (b) Biliary Cirrhosis (1) Primary (Hanot's) (2) Secondary to Intrahepatic bile duct obstruction (a) Toxic (b) Allergic (c) Infectious (d) Congenital (e) Inflammatory (f) Hemochromatosis (3) Secondary to Extrahepatic bile duct obstruction (a) Neoplastic (b) Inflammatory (c) Congenital (d) Stone	2. Secondary to: (a) Diabetic Acidosis (b) Nephrotic Syndrome (c) VonGierke's disease (d) Chronic Pancreatitis (e) Cobalt intoxication	2. Proliferative (a) Xanthoma with histiocytosis X (Hand-Schuller Christian Type) (b) Xanthoma Disseminatum (c) Juvenile Xanthogranuloma (d) Histiocytoma (e) Reticulohistiocytoma

tion of patients with xanthomatosis. It is important to remember that blood for such studies should be drawn with the patient fasting. Although the serum cholesterol value remains relatively unchanged after meals, the value for neutral fat is normally markedly increased postprandially (alimentary lipemia).

* * *

THE SIMPLEST PROCEDURE consists of gross inspection of patients' fasting serum. Patients with xanthoma and cloudy (milky) serum have elevated levels of neutral fat (over 600 mgm per cent) and may also have a concomitant, but less marked elevation of cholesterol and phospholipids. This constitutes hyperlipemia which may be of the idiopathic type or secondary to the diseases listed under hyperlipemia in Table I.

The early recognition and treatment of a disease such as idiopathic hyperlipemia is of particular importance because of the reported 30 per cent incidence of atheromatous cardiovascular complications. The disease usually responds well to treatment consisting of low animal fat diet with supplemental unsaturated fatty acid. It may be possible to lessen the cardiovascular complications of idiopathic hyperlipemia if treatment is instituted early and the serum lipid levels are controlled.



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Patients with cutaneous xanthoma and clear serum will have either normal or elevated levels of cholesterol, cholesterol esters and phospholipids, but no marked increase in neutral fat. Hypercholesterolemic xanthoma may appear with essential familial hypercholesterolemia and more rarely with myxedema and biliary cirrhosis (Table I).

* * *

APPROXIMATELY 50 PER CENT OF patients with xanthelasma of the eyelids will have elevated serum cholesterol values, from 300 to 500 mgm per cent. Such patients may show coronary and cerebral atheromatous complications. These complications can be expected to be early and severe when the cholesterol value is above 600 mgm per cent and when xanthoma tuberosum and tendinosum are present as well. All patients with xanthelasma should have studies of serum lipid values in order to detect essential familial hypercholesterolemia.

Most patients with xanthomatosis may be properly diagnosed and classified by obtaining the fasting values for total serum lipids, total cholesterol, and a report as to the transparency of the serum (i.e., clear or cloudy). Additional information may be gained from the values for cholesterol esters, phospholipids and total fatty acids. These values can be used to calculate the serum triglycerides indirectly, although a more accurate direct determination of triglycerides is also available. The interpretation of serum lipid values may at times be difficult and depends on some understanding of the particular biochemical method of lipid determination employed by the laboratory reporting the results.

Other investigative methods such as ultracentrifugation and lipoprotein electrophoresis have also been used to study the serum lipids of patients with xanthomatosis, but these procedures are expensive and not readily available and do not add materially to the clinical evaluation of such patients.

Patients with normolipemic xanthoma form a somewhat separate group since they have no apparent systemic upset of lipid metabolism. If we consider hypercholesterolemic and hyperlipemic xanthoma to be "metabolic" in origin, then normolipemic xanthoma may be considered "degenerative" and "proliferative" in origin.

* * *

NORMOLIPEMIC XANTHELASMA of the eyelids, the commonest type of cutaneous xanthoma, and a rare type of generalized xanthelasma[5] probably develop secondary to local degenerative influences in the skin. Anatomical peculiarities, such as the thinness of eyelid skin which lacks subcutaneous fat tissue, may tend to favor this localization of xanthelasma.

Xanthoma of the proliferative group include a number of rare disease entities which have as their basic feature, a proliferation of histiocytic cells. The entities included in this group of reactive histiocytic proliferation actually form a spectrum of related diseases which includes: Histiocytosis X (particularly the Hand-Schuller Christian type), Xanthoma disseminatum, juvenile xanthogranuloma and probably reticulohisticoytoma and histiocytoma as well.[6]

The cutaneous lesions of these diseases are not xanthoma in the same sense as xanthoma tuberosum. However, histiocytic cells retain a capacity to produce lipid substances and, thus, transform themselves into xanthoma cells. In this manner, lesions of proliferating histiocytes may accumulate lipid material and appear secondarily xanthomatous.

SUMMARY

The present classification and diagnosis of cutaneous xanthomatosis is based upon studies of serum lipid values rather than on the morphology of lesions.

Cutaneous xanthoma may appear as the initial symptom of an underlying disease involving lipid metabolism. Gross inspection of the fasting serum of patients with xanthoma to determine if it appears clear or cloudy (milky) plus appropriate laboratory studies of serum lipid values will usually permit proper etiologic diagnosis.

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COMING IN DECEMBER

Traumatic Deformities of the Nose

Dr. G. Jan Beekhuis, Professor and Chairman of the Department of Otolaryngology at Wayne State University College of Medicine, presents an excellent article in December with many illustrations on traumatic nose defects.

Epidemiology of Leukemia Mortality in Michigan

A definitive study on the epidemiology of leukemia mortality in Michigan over a ten-year period is presented by Dr. Donald C. Smith and his associates from Ann Arbor and is of interest to every physician.

Therapy for the Hemophilic Patient

Dr. John A. Penner presents a guide to therapy for the patient with hemophilia that will be useful to any physician who might see a hemophilic patient.
These and other papers will appear in the December issue.

With the detection of incipient difficulties in maturational development and psychologic adjustment of young children, the physician can perform a strategic, significant role in the prevention of subsequent educational or behavioral problems. Remedial programs should include the newer psycho-pharmacologic drugs. By their adjunctive use in the hyperkinetic or lethargic child with cerebral dysfunction, promising beneficial results have become apparent. Such preventive efforts in mental hygiene, especially focused on the pre-school child, are deserving of further investigation.

The Hyperkinetic Or Lethargic Child With Cerebral Dysfunction

BY
SAMUEL J. NICHAMIN, M.D.
HUNTER M. COMLY, M.D.
DETROIT

The recent clamor of parents for the earlier achievement of learning capabilities in the elementary grades (as evidenced by the popularity of the "Why Johnny Can't Read or Do Arthmetic" books) is well apparent. Combined with this, the impact of the overcrowding of educational facilities with the consequent stress on teaching personnel, has highlighted the occurrence of deviant behavior and shortcomings of some young school children. With the responsiveness of a sizeable segment of these children to definitive medical and psychologic therapy, a provocative challenge to pediatricians and child psychiatrists has to be met.

The use of stimulating drugs such as the amphetamines or methylphenidate has demonstrated increasing evidence of improved learning ability in many of these children.

The hyperkinetic or lethargic child with cerebral dysfunction presents a unique cluster or complex of behavioral disorders, which may reflect varying degrees of structural and/or functional changes in the brain. No other category of childhood ailments poses a more pressing need for the utmost degree of collaboration and teamwork of the disciplines concerned with behavior, learning, and emotion.

* * *

THE PREVAILING KNOWLEDGE covering etiology, diagnostic criteria, together with the use of the newer psycho-pharmacologic drugs for the hyperkinetic impulse disorder herein described, affords a favorable milieu for implementing Eisenberg's refreshingly new approach towards a Preventive Psychiatry.[2]

At least the first two of the three levels of preventive effort could be regarded as applicable for a concrete contribution in mental hygiene. In *primary prevention* one could attempt to preclude, within limits, the development of fetal or newborn brain damage by fostering the optimum type of prenatal care, avoidance of potentially-noxious drugs during pregnancy and labor, and, in addition, high standards of premature, and infant care. At the next level of *secondary prevention*[3] early diagnosis can be achieved by the alertness of pediatricians and psychiatrists in recognizing the typical behavior patterns and psychologic test characteristics of the hyperkinetic or lethargic, under-achieving child with cerebral dysfunction. Adequate doses of the above-mentioned drugs, if effective, tend to shorten the duration of, or improve, deviant behavior. With improved learning ability, better school and social adjustment can be anticipated. In addition to medication, a combination of counseling with parents, and special educational measures makes for prevention of mental illness at the above-mentioned levels feasible.

* * *

ALTHOUGH PARENTS MAY have experienced recurring distress and suffering over a period of years, extending from infancy throughout the run-about age of their hyperactive or lethargic child, they may regard their confrontation with the school situation as almost cataclysmic. Their perplexity with such a problem child can be appreciated in view of his seeming normality, both physical

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From the Departments of Pediatrics and Psychiatry, Wayne State University, College of Medicine.

and mental. In part, they are reassured by the generally-accepted notion of the average robust youngster, with his excessive energy and activity, restlessness, and fidgetiness.

Early diagnosis and treatment is essential to the child's welfare as well as for that of his classmates, teacher, and family. The vicious circle that so often follows classroom failure—i.e., discouragement, clowning, defiance, disruptions of other studies, poor self-esteem, association with other socially rejected children, et cetera, may be prevented. The age span of hyperkinetic behavior disorders extends from the early preschool period through adolescence. Dr. Leon Eisenberg has recently stated that the condition "begins to remit as the child grows older, with final phasing out by adulthood."

* * *

A MORE ACCURATE ASSESSMENT and diagnosis can be ascertained if certain areas of inquiry are carefully explored, relating to the prenatal, perinatal periods, as well as growth and developmental patterns. The children's physician can learn to recognize the more subtle examples drawn from the extremes of the continuum of reproductive casualties proposed by Pasamanick.[4] Aside from the hazards of birth, the fetus is constantly exposed to toxins, infectious agents, and drugs.

Since the Thalidomide disasters many drugs commonly used as analgesics, antiemetics, and tranquilizers, have come under surveillance as potentially harmful. Cerebral dysfunction syndromes with hyperkinesis, perceptual handicaps, and/or lethargy are increasing in frequency as more partially damaged infants survive threatened abortion, maternal toxemia, prematurity, erythroblastosis, meningitis, et cetera; the degree of impairment of function is variable.

Early diagnosis is based on alertness to data drawn from six areas (A through F below):

(A) Complaints of either (1) academic performance below potential or (2) hyperkinetic, disruptive behavior or (3) both 1 and 2. Such children usually also have unpredictable dispositions and/or erratic performance, poor frustration tolerance; they are often forgetful, perseverative, easily overstimulated and scapegoated. Adults often refer to them as "brats."

(B) The health history usually discloses an event or series of events that could partially damage immature nervous tissue.

(C) Atypical development of sleep, speech, locomotion, object relationships, of the learning of skills and controls; unusual responses to pain, cold, and other sense modalities; atypical vegetative controls, et cetera.

(D) Behavioral peculiarities, such as stimulus boundness, driveness, confusion, memory lapses, perseverations, awkwardness, accident proneness, impulsivity.

(E) Psychological and psychiatric examinations reveal dyspraxias, thinking disturbances, poor Gestalt recognitions, excessive regression with affective stimulation, visual-motor impairment, inconsistent and fluctuating performance, and poor self esteem.

(F) Neurologic examination may disclose definite signs of neural impairment: paralysis, spasticity, athetosis. Other findings might include: gait disturbance, speech defects, poor graphesthesia, immature postural reflexes.

The child may not have symptoms in all or even many of these areas. Each child has his own cluster of findings. Certain general principles underlie many of the above signs. Defects in the ability to receive, hold, scan, and use information input may occur. These "mechanical" defects in "computing" are potentially productive of maladaptive behavior.

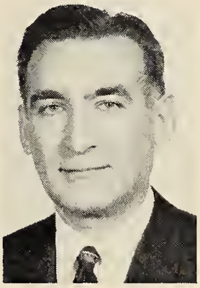
* * *

ONE CAN SOUNDLY recommend special classroom management and educational techniques, if a coherent syndrome emerges from a review of the data in the six areas mentioned above. The child may need psychotherapy. This decision should be based on a specific situation and must be individualized. He may need remedial education, or training in basic athletic, educational, and social skills.

During the school years, many such children have learning problems, particularly with reading and mathematics. If medication improves his attention controls, stabilizes his moods, reduces his impulsivity, the most important therapy may be sensibly directed to changing the environment. If the attitudes of those around him shift favorably, direct psychotherapy with the child may be unnecessary.

Experience of one of us (H.H.C.) at the Children's Center of Wayne County with over 100 cases indicates that 70 per cent of the children who had D's or E's in conduct, improved to C's or better while receiving dextroamphetamines or methylphenidate. The period of observation ranged from six months to four years, during which time this improvement was maintained.

Only about 15 per cent of the children have side



Co-Author

SAMUEL J. NICHAMIN

M.D.

Cooperative Project to Aid Medically Indigent Mothers

In an attempt to help reduce the incidence of prematurity, perinatal mortality, and various birth defects, a maternity and infant care program for medically indigent patients in Detroit has been planned by the Michigan Department of Health in cooperation with the Detroit City Health Department and with the advice of the Maternal Health Committees of the Wayne County and Michigan State Medical Societies.

Financed by a Children's Bureau grant through the Maternal and Child Health Division of the Michigan Department of Health, the program will serve the high-risk population in central Detroit.

Statistics there show the percentage of prematurity averages 14.8 compared to the state average of 7.6; the perinatal mortality rate averages 56.3 per thousand live births there compared to the state average of 31.4; and the neonatal mortality rate averages 26.6 there, compared to 17.8 for the state.

It is not surprising that studies indicate that more than one-third of these medically indigent obstetrical patients receive no prenatal care at all, points out the state department. Of those who do, such care is often limited to a single visit to the city obstetrical clinic during the last month of pregnancy. Infant care following childbirth is almost nonexistent. Studies indicate that the lack of good prenatal care is associated with prematurity, perinatal deaths, and a high rate of birth defects, including various forms of mental retardation.

Because Crittenton General, Woman's, and Detroit Memorial Hospitals are located in the areas with the highest risk population, and because they have been interested in service to the community, the maternity and infant care program is at present, focused in these three hospitals. These hospitals will provide a unified program of complete maternity care followed by a program of neonatal care for infants born to these medically indigent, high risk mothers.

The maternity care to be provided includes outpatient antepartum and postpartum care up to the end of the eighth week following delivery. The neonatal care includes pediatric supervision and care during the neonatal period, adequate nursery services, arrangements for referral of infants with special problems, and pediatric outpatient appraisal of the infant at 4-6 weeks of age. In addition, there will be social work services available both in the clinic and in the hospital; public health nursing services in the clinic, hospital, and home as needed; nutrition and dietary services; and a program of expectant parent education made available to as many mothers as possible.

In general, hospitalization for the patients will remain a responsibility of the Wayne County Department of Social Welfare and the Michigan Crippled Children Commission, but some project funds will be used to pay for selected high risk patients whom the above agencies cannot accept. It is expected that the program will care for about 1500 medically indigent patients per year at Detroit Memorial, about 1200 per year at Crittenton General, and about 600 per year at Woman's.

Also cooperating in the program are the Wayne County Department of Social Welfare, Michigan Crippled Children Commission, Wayne State University, and University of Michigan.

Hyperkinetic Child

(Continued)

effects of anorexia, sleeplessness, excessive irritability, sufficient to make the usefulness of the medication dubious.

Currently, methylphenidate is the drug of first choice for the school-age child who has not had convulsions; with it, insomnia or anorexia are less likely. It must be given morning and noon for best effects on school performance. For the average school child, the dose ranges from 2.5 to 5 mg. twice daily as above for three days; and then the dose may be gradually increased at intervals, until maximum benefit or undesirable side effects occur. This optimum dosage is usually maintained daily for from two to four years. If dextroamphetamine is given, the same pattern is employed, although the milligrams per dosage is one-half that used for methylphenidate.

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Doctors Explain Care Plans for Aged

Use Community Health Week for Newspaper Ads

An intensive educational program was conducted by physicians and their organizations to acquaint Michigan residents with the broad range of health care programs available to the elderly during Community Health Week, October 18-24.

"The medical profession took the lead in this educational effort because so many people are not aware that help does exist for those over 65 who need it in paying for health care," reported Oliver B. McGillicuddy, M.D., Lansing, MSMS President.

The campaign urged Michigan residents who wanted information about health care programs for the aged to ask his family doctor.

The intensive educational program features advertisements in Michigan newspapers, radio and television programs, M.D. speakers bureau, educational brochures and other communication materials and methods.

Many queries were received by the county medical societies and MSMS.

"We found that few patients know about the various aid programs available to them," reports Doctor McGillicuddy. "For example, almost $31 million in health care was provided Michigan residents over 65 through the Medical Aid to the Aged law alone during the last fiscal year—but few people know about this program."

MSMS members found help in answering questions from the new MSMS booklet, entitled "Governmental Health Care Assistance Programs in Michigan." The booklet should be saved as a reference handbook to enable the doctor to help refer all persons to the right county, state and federal agency and organization for medical-financial assistance, urged Doctor McGillicuddy.

Note: An article about the many Community Health Week projects carried out across the state will appear in the December issue of Michigan Medicine.

The "Silent Service"

Usually when nearly $31 million is spent on a relatively new project through a Michigan agency it creates quite a little ripple of publicity. Normally when over 26,000 people receive an average of over $1,100 apiece in services from the new program there is a bit of fanfare.

The publicity and fanfare have been missing from the Michigan Medical Aid to the Aged Program (established under the Kerr-Mills law) now in its fourth year here, which is guaranteeing medical and hospital care to all those people over 65 years of age who are not on welfare but who need help to pay hospital and medical bills. (Those on welfare have their bills paid under other governmental programs.)

Recent figures released by the Michigan Department of Social Welfare, which administers the program even though the recipients are not on relief, reveals that Michigan residents received $30.9 million in Medical Aid to the Aged—Kerr-Mills, during the 1963-64 fiscal year. The state agency reports that 26,479 beneficiaries received the more than $30 million—$28.4 million of which was paid to hospitals, $500,000 to nursing homes and $1.5 million to physicians.

Why no publicity on this obviously successful program? Try these three reasons on for size:

1. The U.S. Department of Health Education and Welfare is trying to sell Medicare. If people know the present program is meeting the need for hospital and medical care they won't favor a new Medicare program sponsored by an increased Social Security tax.
2. The Medicare program suffers by comparison with the Medical Aid to the Aged program. The latter offers complete coverage. The former offers only limited hospital care, no medical care. This knowledge won't create votes for Medicare supporters.
3. Medicare offers "something for nothing" to all the people under Social Security—whereas MAA discharges the responsibility of protecting everyone over 65 years of age who can't protect themselves. Thus Medicare is a bigger vote getter.

Conclusion: The government's propaganda machine turns out bushels of releases on Medicare, none on MAA.

Late News

Once again, these four colored pages carry late-breaking news as an added service of Michigan Medicine to the members. A late deadline permits Michigan Medicine to insert these four pages as the journal is being assembled.

Starr Leaves MMS For Bank Position

In his report to The MSMS Council, October 28, Michigan Medical Service President Sidney Adler, M.D., announced that "Frank O. Starr has resigned as Acting Executive Director to accept a position as Assistant Vice President, National Bank of Detroit, effective November 1."

Doctor Adler added that "Mr. Starr's resignation is a distinct loss to Michigan Medical Service and, I might add, to the medical profession of Michigan. Mr. Starr was a dedicated and knowledgeable servant of the voluntary prepayment system."

Flint to Host MSMS Maternal Welfare Meet

Four national authorities have been obtained already to speak at the fourth annual Maternal and Perinatal Welfare Conference in Flint, March 11-12, under the sponsorship of the MSMS Maternal Health Committee and the Clara Elizabeth Fund of Flint.

Coming for the conference, at the Pick-Durant Hotel, are Joseph Dancis, M.D., New York City; Robert E. L. Nesbitt, Jr., M.D., Syracuse; Edith L. Potter, M.D., Chicago, and John Rock, M.D., Brookline, Mass.

William W. Jack, M.D., Grand Rapids, Chairman of the MSMS Maternal Health Committee, reports that further details will be reported in future issues of Michigan Medicine.

MSMS President's Page Reprinted For AMPAC Use

October 21, 1964

"The cover of the October issue of Michigan Medicine with the flag motif is certainly a beautiful job, and of course, we very much appreciate the message by Doctor McGillicuddy on the President's Page.

"Incidentally, I wonder whether you could make available approximately 800 copies of the President's Page which we will distribute to our key membership list. Thank you."

Joe D. Miller,
Executive Director,
AMPAC,
Chicago.

(Note: Offset copies of the Page about "How Will You Feel the Morning of November 4th?" were provided).

MONROE—A series of classes for prospective mothers and fathers is being conducted in Monroe by the Monroe County Medical Society, and the local hospitals.

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MICHIGAN HEALTH COUNCIL
East Lansing, Mich.
SMOKING AND HEALTH
SMOKING AND MORTALITY
MORTALITY RATIO
THE COST......? YOUR GOOD HEALTH!
EDUCATION IS THE KEY......
...USE IT
SMOKING
YOUR SCHOOL HAS A COPY

An educational display about Smoking and Health was shown by the Michigan Health Council for the first time at the annual convention, October 14-16 of the Michigan Nurses Association in Detroit. One of the speakers at the Nurses Convention was Oliver B. McGillicuddy, M.D., MSMS President.

Exhibit, Guidebook to Explain Smoking-Health Issue to Youths

Michigan students from the 5th through 12th grades now will have a much better opportunity to learn facts concerning smoking and its relationship to health and disease. A new 32-page Smoking and Health Guidebook is being distributed to school administrators, principals, school nurses, health educators, home economics and science teachers.

Elizabeth L. Wheeler, Dr. P.H., Director of Health Education, Central Michigan University and School Health Consultant to the Michigan Department of Health, served as editor of the guide. Other participants in the development and preparation of the smoking guide included representatives of the Michigan State Medical Society; Michigan Department of Health, Michigan Tuberculosis and Respiratory Disease Association; American Cancer Society; Michigan Cancer Foundation; Michigan Heart Association; American Cancer Society; Michigan Education Association; Detroit, Dearborn, Melvindale, Lincoln Park, Saginaw and Inkster Public Schools and Tuberculosis and Health Society of Wayne County.

Henry J. VandenBerg, Jr., M.D., Detroit, Chairman of the Cancer Control Committee of the Michigan State Medical Society, has been named Chairman and John A. Doherty, of East Lansing, Executive Secretary of the Michigan Health Council, has been named Secretary of the Michigan Council on Smoking and Health.

This new program will be supported by the voluntary health agencies in Michigan that are interested in the smoking problem, and the program will be coordinated by the Michigan Health Council. Interested physicians may obtain a free copy of the guide by writing to the Michigan Council on Smoking and Health, P.O. Box 431, East Lansing.

Counties Offer Polio Vaccine

Several county medical societies are conducting oral polio vaccine programs this fall.

Other county societies offered the service in their communities during the spring.

As in the spring, the physicians are receiving excellent cooperation from the pharmacists, nurses, medical assistants, schools, civic organizations and volunteers.

MHC Recruiting for Physical Therapists

Efforts to recruit more physical therapists are underway by the Michigan Health Council.

E. A. Irvin, M.D., Detroit, president of the Michigan Health Council, explains that one of the main activities of the new program will be to acquaint more Michigan high school and college students with the vast opportunities that await them in careers in rehabilitation, particularly in physical therapy.

During Community Health Week, October 18-24, the Health Council began distribution of a new rehabilitation careers kit. The kit informs high school and college counselors with the opportunities in the health field about the requirements, scholarships and loan funds available in Michigan in medicine, physical therapy, occupational therapy and many other careers in rehabilitation.

The Sister Elizabeth Kenny Foundation and the University of Michigan Department of Rehabilitation and Physical Medicine made special grants to the Health Council to develop a special Careers in Rehabilitation Program. The Michigan Tuberculosis and Respiratory Disease Association also has cooperated with the Council by printing the new Rehabilitation Careers Kit.

A free copy of the kit may be obtained by writing Michigan Health Council, P.O. Box 431, East Lansing.

A new MHC health careers exhibit will depict the role of the physical therapist in assisting the doctor in the rehabilitation of the patient. The Department of Physical Medicine and Rehabilitation of The University of Michigan is co-sponsoring the exhibit.

There also will be a series of television programs, news articles and rehabilitation career conferences and open houses. This aspect of the program will be co-sponsored by the Elizabeth Kenny Foundation, located in the Rehabilitation Institute, Detroit.

Doctor Irvin stated that one of the principal reasons why the recruitment program is being undertaken at this time is that The University of Michigan has doubled the size of the class that will be enrolled in Physical Therapy next fall and that Wayne State University will open its new Physical Therapy program to 35 students in the fall of 1965.

Michigan Medical Events

November 5—South Western Michigan Clinic Day, Battle Creek.

November 11-12—Michigan Academy of General Practice, Annual Fall Postgraduate Clinic, Sheraton-Cadillac Hotel, Detroit.

November 13-16—National Society for Crippled Children & Adults, Statler-Hilton Hotel, Detroit.

November 14-15—Michigan Allergy Society, Midwest Forum on Allergy, Henry Ford Aud., Detroit.

November 18—Conference on Coordinated Home Care for Hospital Administrators at School of Public Health, U-M, Ann Arbor.

December 2—Annual Symposium on Trauma, Wayne County Medical Society, Detroit.

December 3—American Academy of General Practice, Vascular Day, Bancroft Hotel, Saginaw.

December 16-18—Michigan State Health Conference on Epidemiology, Jack Tar Hotel, Lansing.

1965

February 22-26—Canadian-American Medical and Dental Ski Ass'n, Boyne Highland, Harbor Beach.

Galens Society 50 Years Old At U-M Reunion

The 50th anniversary of the Galens Honorary Medical Society was one of the highlights at the annual University of Michigan Medical Center Alumni Society conference October 14-15-17.

More than 100 present and former members of the Galens Society, a student service group at the U-M Medical School, gathered for a banquet which honored A. C. Furstenberg, M.D., Dean Emeritus. Doctor Furstenberg was one of the founders and serves as honorary prefect.

The Medical Center Alumni Conference drew 358 doctors, wives and nurses for scientific meetings, reunion meetings, etc. Eight "5-year" classes held special banquets at various Ann Arbor restaurants and two of the reunioning classes preceded their social events with scientific programs at the Medical Center.

An all-conference banquet and dance was held on October 16 following a full day of scientific sessions. The reunion closed with a picnic prior to the Michigan-Purdue football game.

In Brief:

DOWAGIAC—The Cass County Medical Society has gone on record supporting a Cass County Community College proposal. In releasing this action to the press, the Medical Society pointed out that "its members have an exceptional interest in the education of Cass County youths, and that many of them have or are serving on boards of education."

* * *

ANN ARBOR—The University of Michigan has received a grant of more than $5 million from the U. S. Public Health Service for the construction of a new dental building. The $5,034,265 grant and the new building will enable U-M to increase its dental school enrollment from 350 to 600.

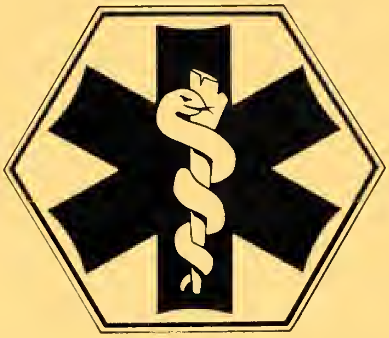
NEWSPAPERS HELP PEOPLE TO RECOGNIZE NEW SYMBOL

Michigan newspapers are cooperating in the Michigan State Medical Society effort to help everyone learn to identify the new AMA emergency medical identification symbol.

Photographs of the symbol with a news article were sent to the newspapers by MSMS public relations staff.

As a result of the newspaper articles, several county medical societies requested MSMS to send them additional supplies of the free Emergency Medical Identification Cards. The news article contained an invitation from Oliver B. McGillicuddy, M.D., MSMS President, "that persons who need the card should ask their physician for such a card because it will help protect life."

Copies of the card with an order blank were sent to every physician in September and small supplies of the card were ordered by many members. Any MSMS member who wishes additional cards for distribution to patients who should carry such a card may secure them from MSMS, Box 152, East Lansing.



BATTLE CREEK—A series of continuing courses in psychiatry for non-psychiatric physicians is underway in Battle Creek this fall. The courses were initiated in 1961 by the Michigan Society of Neurology and Psychiatry and the Michigan District Branch of the American Psychiatric Association in Kalamazoo and Saginaw. The series since has expanded to include Grand Rapids, Flint and Jackson—and now Battle Creek. The program has the approval of the Calhoun County Medical Society, which has urged physicians to attend.

GRAND RAPIDS—At the Michigan Society of Gerontology annual meeting here, V. K. Volk, M.D., Saginaw, was installed to serve as president for the coming year. Doctor Volk outlined plans to pinpoint local needs and services for older persons as a new dimension of the Society's program.

Advisory Council Urges Mental Health Be Separate Department

The Michigan Mental Health Advisory Council has officially recommended that the Department of Mental Health be retained as one of the 20 principal departments under the provisions of the new state constitution. Peter A. Martin, M.D., Detroit, is chairman of the Council.

In a thirty-two page outline of its recommendations the Advisory Council concludes: "To include the Department of Mental Health in any other department in the state government would be contrary to the development of prevention, detection and treatment of mental illness among the citizens of the State of Michigan.

"Basic to the continued success of the Mental Health Program in the State of Michigan is that the Department of Mental Health be retained and administered as a separate and autonomous department in the reorganization of our state government."

The Council also recommended that "It would be appropriate to include under the Department of Mental Health the functions of the State Board of Alcoholism for the reason that alcoholism is known primarily as a behavioral problem."

50-Year Men Write; '14 Grad Comments On Special Event

Warm, friendly letters have been received at the MSMS Headquarters from many of the physicians who were honored by the 1964 MSMS House of Delegates for 50 years of medical service.

Typical of the notes from the men who were not able to attend is one from B. Hjalmar Larson, M.D., of Detroit. Following are a few excerpts from his letter:

"I regret very much my absence at the celebration, which I know will be a great occasion for us, of the ancients, survivors of the class of 1914. However, I have made up my personal loss by spending four weeks in my native Sweden with friends, relatives, and in a very beautiful and progressive country.

"Please give my kindest regards to the celebrating alumni, and tell them that we, descendents of the fierce Vikings of old, are at heart a sentimental crowd who still listen to the murmurings of the pines, to the foot of which our nest was attached."

Over 3,000 Kits Of Smoking-Health Brochures Mailed

More than 3,000 packages of educational materials about smoking and health have been mailed to Michigan physicians by MSMS Cancer Control Committee and the Michigan Cancer Coordinating Committee.

An order blank for such waiting room material was sent to every physician and dentist in July and orders now have reached 3,075.

Any doctor, who did not return the order blank, may obtain the educational materials by writing to MCCC, Box 152, East Lansing.

ROCHESTER—Among the sponsoring groups for the Oakland Citizens League Political Forum at Oakland University October 21 was the Oakland County Medical Society. Candidates for top county, state and federal offices presented their views.

Opportunities in Occupational Medicine

By the Occupational
Health Committee, MSMS

Keeping the third of our population that works for a living healthy and on the job involves all segments of the medical profession. It is of particular concern to the full or part-time industrial physician who assumes responsibility for a particular group of employees.

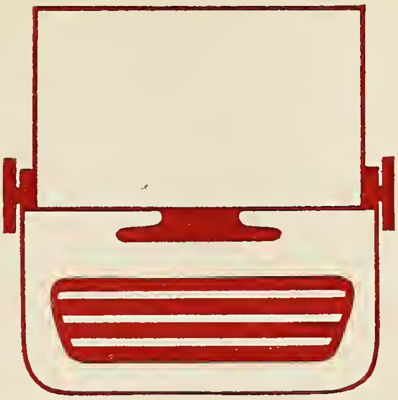
The variety of talents required to accomplish this task presents a real challenge to the physician and affords an opportunity for an interesting and rewarding career.

The clinical problems faced by the plant physician span the spectrum of human illness and injury from the common and the trivial to the exotic and the serious. His responsibilities range from the prevention of illness and injury to treatment and rehabilitation when disability arises out of employment. For the physician who enjoys the variety of general practice, this diversity is sure to be appealing.

Because of his relationship with the employees and with management, the physician is able to practice preventive medicine of highest quality. In-plant hazards may be removed. Employees may be placed in jobs for which they are physically and mentally suited. Periodic examinations and health counselling can direct the employee to outside medical care before illness becomes disabling.

The advantages in industrial practice are beyond the professional opportunities afforded. Work can be scheduled so that there is opportunity to enjoy family and friends, to engage in hobbies and participate in community activities. While the gross salary income may seem small, the net income with fringe benefits, including retirement plans, stock investment and savings plans, annual bonuses and the like make the total comparable to that earned in private practice.

Parttime or fulltime, the practice of occupational medicine has many attractions which should be weighed carefully by the physician and his family.



EDITORIAL VIEWS

Some Factors Influencing The Therapeutic Value Of A Medicinal Agent

By Martin Barr, Ph.D.,
Dean of Pharmacy,
Wayne State University

Physicians, pharmacists, and indeed, all members of the public health team continually strive to provide optimum patient care for the sick. One important aspect of this objective is to insure that patients are administered the most efficacious drug products with a known reliability of pharmacological action. The absorption and ultimate therapeutic activity of a given drug product are governed by many factors other than the general pharmacological properties of the active ingredient, factors which are determined and controlled by pharmaceutical and medical scientists in the research, development, and production stages of the overall manufacturing process.

In this editorial, an attempt will be made to illustrate a few of the many physico-chemical and formulation factors which can influence the absorption, and therefore, the therapeutic activity of a medicinal agent.

Lipoid Solubility and Dissociation Constant—It is known that the gastrointestinal tract behaves as a lipidlike barrier to most drugs and that lipoid-soluble substances are absorbed through the tract by the process of passive diffusion, whereas lipoid-insoluble agents usually do so with greater difficulty. Most drugs are weak acids or bases and they exist in solution partly in ionized form, depending on their dissociation constant and the pH of the solution. The lipoid-soluble form is the unionized form and hence, the form of the drug which is mainly absorbed through the gastrointestinal tract. Therefore, the dissociation constant of a drug, its lipid solubility, and in addition, its partition coefficient, influence its absorption characteristics.

One method by which the degree of dissociation of a drug and therefore the concentration of its lipoid-soluble undissociated form may be altered is by a modification in environmental pH. By the inclusion of basic substances such as sodium bicarbonate, it is possible to increase the absorption of drugs which are weak bases and decrease the absorption of those which are weak acids. Another method for doing this is by the preparation of slight modifications in the chemical structure of a drug. Thus, propionyl erythromycin ester lauryl sulfate is better absorbed than the weak base erythromycin, and methylated heparin is better absorbed at pH's 5, 6, and 7 than the weak acid heparin which is not absorbed above pH 4.

Tablet Disintegration Rate—Once a tablet is swallowed, it must first disintegrate in order to make its active ingredient available for absorption through the gastrointestinal tract. The U.S.P. XVI tablet disintegration test requires that a tablet completely disintegrate within one hour in the test procedure. What about tablets which disintegrate in times less than one hour? Is this not a variable influencing absorption?

Dissolution Rate—Once a tablet disintegrates, the granules which make up the tablet must disperse and this is then followed by dissolution of the drug particles before it is available for gastrointestinal absorption. Dissolution takes time and frequently is the rate-limiting step in the absorption process. There are many factors which influence the dissolution rate. One is the *particle size* of the drug. Some drugs dissolve very slowly in the gastrointestinal fluids and it becomes necessary to reduce particle size appreciably in order to increase surface area which may result in an increase in dissolution rate.

One outstanding example of this is the antifungal antibiotic griseofulvin. By using 0.5 Gm. of finely micronized drug, it has been possible to obtain the same blood levels as those following administration of 1.0 Gm. of a larger particle-size drug.

Another factor influencing the dissolution rate of a drug is its *solubility in the diffusion layer* The rate may be increased by increasing the solubility of the drug in this layer by modifying the pH. This may be done by the use of basic substances such as sodium bicarbonate in the formulation or by the use of a highly water-soluble salt of a weak acid instead of the weak acid itself.

Crystal Form—Another factor influencing the absorption of some drugs is the crystal form of the drug. One of the most important examples of this is the antibiotic chloramphenicol. Therapeutic effectiveness of chloramphenicol palmitate is materially influenced by crystal form with amorphous drug being hydrolyzed in the intestina tract most rapidly to yield available chloramphenicol. The specifications in the U.S.P. XVI do not distinguish between the crystal forms of chloramphenicol and thus, the reliability of the manufacturer in preparing a biologically active product becomes all important.

Drug Stability in Gastrointestinal Fluids—Drugs must remain in a stable form in the gastrointestinal tract in order to permit absorption of active compounds. By the adjustment of particle size and by other means, a drug which may deteriorate in the gastrointestinal fluids may be kep stable for the time necessary to permit its absorption.

Fillers—A tablet is composed of many ingredients other than the active drug. Many of these agents are capable of complexing with the active ingredient rendering it inactive in the gastrointestinal fluids. They may also increase or decrease the absorption of the active ingredient by various processes. Upon chemical assay, therefore, a product may show 100% content of active ingredient but its absorption and therapeutic activity may vary considerably. For example, complexes formed between various di- and trivalent cation and tetracycline reduce the absorption of the antibiotic. Certain surfactants are known to enhance the absorption of vitamin B_{12}, whereas others do not produce this effect.

Tablet Formulation Factors—The absorption of many drugs can be affected by various tablet formulation and processing factors. Some of these influencing factors are the type and concentration of excipient, the physical state of the drug, and tablet compression pressures. There are several examples in the literature showing the influence of these factors on the absorption of olbutamide, penicillin, spironolactone and steroids from tablets.

In this relatively short message, it has only been possible to illustrate a few of the many physico-chemical and formulation factors which may influence the absorption and therapeutic activity of a drug. Tablet dosage forms have been referred to, but such factors alter the absorption and therapeutic activity of drugs in all types of dosage forms. From the few examples presented, it is clear that the therapeutic activity and efficacy of a medicinal product does not depend solely upon the qualitative and quantitative content of its active ingredient and that the activity of a drug can only be substantiated by well-controlled clinical investigation.

Those who believe that all generic name drugs are equivalent in therapeutic activity just because they assay within acceptable limits for the active ingredient should read medical reports on clinically unreliable or inactive brands of prednisolone tablets, thyroid tablets, and tolbutamide tablets to refer to just a few.

There is now no provision for completely defining therapeutic value by compendia nor generic description alone.

Welcome, New Members!

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804 Main Street
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100 Medical Arts Building
Flint
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302 Walnut Street
Rochester
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Henry Ford Hospital
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Saginaw
General Practice
Lynn E. Howell, M.D.
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Pontiac
Surgery
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Rochester
Obstetrics-Gynecology
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Surgery

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Ypsilanti
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25210 Grand River
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Durand
Donald L. Salva, M.D.
32316 Grand River
Farmington
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2615 Stadium Drive
Kalamazoo
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Eloise, Michigan
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Grand Blanc
Erwin N. Wallack, M.D.
15660 W. Ten Mile Road
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MSMS Centennial Series: 1947, 1948

First Rural Health Conference Sponsored

Leading up to the MSMS Centennial in 1965, THE JOURNAL *is printing a series of articles by William J. Stapleton, Jr., M.D., Detroit, who is the MSMS Historian. This series began in the September, 1963, number of* THE JOURNAL *and will continue through August, 1965.*

—1947—

If you look in this issue and turn to the page "Officers of the Society" you will find the name of "William A. Hyland, M.D., Grand Rapids, Treasurer." Before his election to the office of President he was active in the Society and he still continues to play an active role until this year—1964.

Truly, he is one of the stalwarts of the Society.

Following are highlights of his year:

The first Annual Postgraduate Clinical Conference, featuring an all-Michigan program, was held in Detroit, March 12-14. The Conference was sponsored by the MSMS in cooperation with the Wayne County Medical Society, the University of Michigan Medical School, the Wayne University College of Medicine, and the Michigan Foundation for Medical and Health Education.

A "Committee on Awards" was named to formulate procedures and recommend policies which would permit the MSMS to properly honor those lay organizations and lay personages who, in the opinion of the Society, have contributed services of outstanding worth in the cause of health for the people of Michigan.

* * *

THE FIRST STATEWIDE Rural Health Conference was held at Michigan State College September 18-19, under the sponsorship of the Michigan State Medical Society with the cooperation of 25 other state organizations interested in rural health. The purpose of the conference was to explore the needs and problems of health in rural areas.

The Annual Session was held in Grand Rapids on September 23-26 with 2,110 registered. The House of Delegates authorized The Council to levy an assessment of $25 per member for the continuation of the Educational Fund. The delegates also created two new sections—the Section on Public Health and Preventive Medicine and the Section on Nervous and Mental Disorders.

The 6th Annual TB Speaking Project sponsored by the Woman's Auxiliary continued to improve over previous years. This year, 60 schools from 40 counties sent in scripts for state judging. Last year 52 schools from 32 counties participated.

* * *

RHEUMATIC FEVER Diagnostic Centers have been established by the MSMS in ten areas covering the entire State. This unique program of aid to the doctor of medicine in diagnosing the number one killer of children was started by MSMS in cooperation with the Michigan Society for Crippled Children and Disabled Adults and Michigan Crippled Children Commission.

MSMS appointed a committee to study the medical and hospital facilities of Jackson Prison, along with representatives from the Michigan Hospital Association, and the Michigan Department of Health.

"Fifty-Year Pins" were presented to 99 members of the State Society who have practiced 50 years or longer.

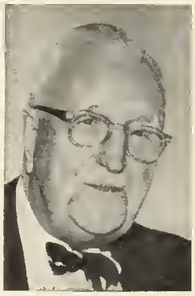
The following bills were passed by the Michigan Legislature in 1947:

1. An act to implement the provisions of the Federal Hospital Survey and Construction Act, with a director appointed by the Governor.
2. A law to license and regulate vivisection.
3. A law to require immunization against diphtheria, whooping cough, and smallpox as a condition precedent to entrance to school.

The Council adopted the resolution that young physicians whose training was interrupted by military service are eligible for Associate Membership.

—1948—

It doesn't seem possible it was 14 years since "Pat" (P. L. Ledwidge, M.D.), as we lovingly called him, left us. I knew Pat all his medical life. He was beloved by his patients, and his confreres admired him as a gentleman and an excellent clinician. Besides this, he was one of the hardest workers for the


The Author
WILLIAM J.
STAPLETON, JR., M.D.
MSMS Historian

advancement of medicine in our Society. I would like to list a few of his activities before he became President. He served on The Council, was a Delegate for years, worked on the Michigan Handbook several times, was on the Advisory Committee to Government Agencies, Speaker of the House of Delegates, and finally, MSMS President. As you look over this resume of his year as President, you will find it was a very busy one.

* * *

HIGHLIGHTS OF THE ANNUAL Session of The Council were:

1. "Michigan's Foremost Family Physician Award" was created.
2. Dues of Military Members of MSMS in active service were remitted for the year 1948.
3. Dissolution of Trusteeship between MSMS and William A. Hyland which in 1940 closed out medical legal activities of the MSMS, was approved.
4. Immunization Month (February) endorsed.
5. The Council requested the Foundation to consider ways and means of raising, establishing, and administering a student loan fund to encourage young physicians to locate in rural areas.

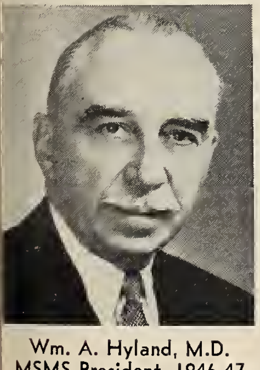
The Council in September recommended to the Committee on Constitution and Bylaws that it create a Committee on Diabetes as part of the MSMS Committee on Preventive Medicine.

The Executive Committee in August approved the appointment of an MSMS Committee to meet with the representatives of the American Heart Association; it also approved the formation of a Michigan Heart Association with the hope that it may become an affiliate of the AHA.

* * *

"LUCKY JUNIOR," a new MSMS motion picture, was distributed to all Michigan theaters during September and October.

The Woman's Auxiliary completed a public relations brochure for officers and committee chairmen of all county auxiliaries and the State Auxiliary. The brochure outlined various projects which the Woman's Auxiliary is interested in carrying through, such as the promotion of Health Month, Immunization Month, the Nurse Recruitment program, loan funds for Medical Students, Medical Associates, and the Blue Cross-Blue Shield Community Enrollment Plan.



Wm. A. Hyland, M.D.
MSMS President, 1946-47

P. L. Ledwidge, M.D.
MSMS President, 1947-48

The Kellogg Foundation was given the Distinguished Health Service Award by the MSMS in March at the Second Annual Michigan Postgraduate Clinical Institute. Don E. Johnson, of Flint, a patron of education in cancer control, was presented with the health service award of the MSMS in Flint at the annual meeting of the Genesee County Medical Society.

* * *

DURING APRIL, a membership campaign was carried on in each of the 55 county medical societies. A total of 260 new members were certified.

A project to establish a Beaumont Memorial Shrine on Mackinac Island was considered. Tentative plans were that the Early House be rebuilt in its original form.

At its September Meeting, the House of Delegates adopted the following resolutions:

1. Creation of a Committee on Geriatrics.
2. Creation of Medical Library Service.
3. Formulation of the National Agency for Voluntary Health Plans.
4. Special Assessment ($25) for 1949.
5. Creation of 17th and 18th Councilor Districts.

Michigan Authors

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Centers Listed for Yellow Fever Vaccination

With the increase in foreign travel, Michigan physicians must advise patients more often about various vaccinations. The following article was prepared for Michigan Medicine, with special information about yellow fever vaccination, by George H. Agate, M.D., Director, Division of Epidemiology, Michigan Department of Health:

"For those going abroad, a valid International Vaccination Certificate against smallpox is a basic necessity. After having received the vaccination, and if it is a primary, after the reading of it, it is necessary that the individual take the signed certificate to the local health department to have a validating stamp placed on it. Such validation may be obtained by mailing certificate to the Michigan Department of Health, Division of Epidemiology, 3500 N. Logan Street, Lansing.

"Only smallpox and cholera require a validating stamp. Cholera, plague, typhoid and yellow fever may be required in some parts of the world.

"The physician, in addition, may advise that typhoid fever, poliomyelitis, diphtheria, and tetanus protection be brought up to date. He can procure any of these vaccines through normal drug channels except yellow fever vaccine, which is given only in designated centers. This is because yellow fever vaccine is extremely fragile. It must be handled very carefully, kept frozen and thawed only for immediate use. If only one person receives the vaccine at a center the cost is usually higher per person than if several receive it.

"The centers in Michigan at which yellow fever vaccination may be procured are as follows:

Ann Arbor	University Hospital, University of Michigan, 1405 East Ann Street Tel.: 764-8181, Pediatrics Clinic, ext. 7101	Clinic hours Thursday 10 a.m. by appointment only Fee: Yes
Detroit	U. S. Public Health Service Hospital, Windmill Pointe. Tel.: VAlley 2-9300	Wednesday 10 a.m. Fee: No
Detroit	Henry Ford Hospital, Preventive Medicine Clinic, 2799 West Grand Blvd. Tel.: TRinity 5-2900, ext. 316, 317, 318	Wednesday 2 p.m. By appointment Fee: Yes
Detroit	Perkin Clinical Laboratory, 773 Fisher Bldg. Tel.: TRinity 5-2485	Mon., Tues., Thurs., Fri., 9 a.m.-5 p.m. Wed. & Sat.,9 a.m.-12 noon Fee: Yes
Midland	Midland City-County Health Dept., Courthouse Annex, 301 Main St. Tel.: 5-7781	Thursday 10 a.m. By appointment Fee: Yes
Traverse City	Thirlby Clinic, 116 Cass Street. Tel.: 946-8850	Appointment only. Advance notice of one week necessary at this center Fee: Yes

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Early investigations showed that Pro-Banthīne (propantheline bromide) reduces motility and acid secretion and may be used in a wide range of dosage, to bring prompt, positive anticholinergic benefits to patients with peptic ulcer, spastic colon, pylorospasm and related gastrointestinal dysfunctions.

Recent evaluations sustain these earlier judgments. In a current authoritative assessment based mainly on the factors of potency, superiority to atropine, clinical experience and physiologic study, Steinberg and Almy[2] select as the first two preferred anticholinergic drugs, methantheline [Banthīne] and propantheline [Pro-Banthīne].

The name Pro-Banthīne (propantheline bromide) sets a stamp of therapeutic authority on any anticholinergic prescription.

Side Effects and Precautions—Urinary hesitancy, xerostomia, mydriasis and, theoretically, a curare-like action may occur. The drug is contraindicated in patients with glaucoma or severe cardiac disease.

Dosage—The usual adult dosage is one tablet of 15 mg. with meals and two at bedtime; this amount may be doubled or tripled for patients with severe conditions. Pro-Banthīne (brand of propantheline bromide) is supplied as tablets of 15 mg. and, for parenteral use, as serum-type ampuls of 30 mg.

SEARLE
Chicago, Illinois 60680
Research in the Service of Medicine

1. Roach, T. C.: Therapy of Peptic Ulcer, J. Louisiana Med. Soc. *115*:136-139 (April) 1963.
2. Steinberg, H., and Almy, T. P., Drugs for Gastrointestinal Disturbances, Chapter 21, in Modell, W. (editor): Drugs of Choice —1964-1965, St. Louis, The C. V. Mosby Company, 1964, p. 343.

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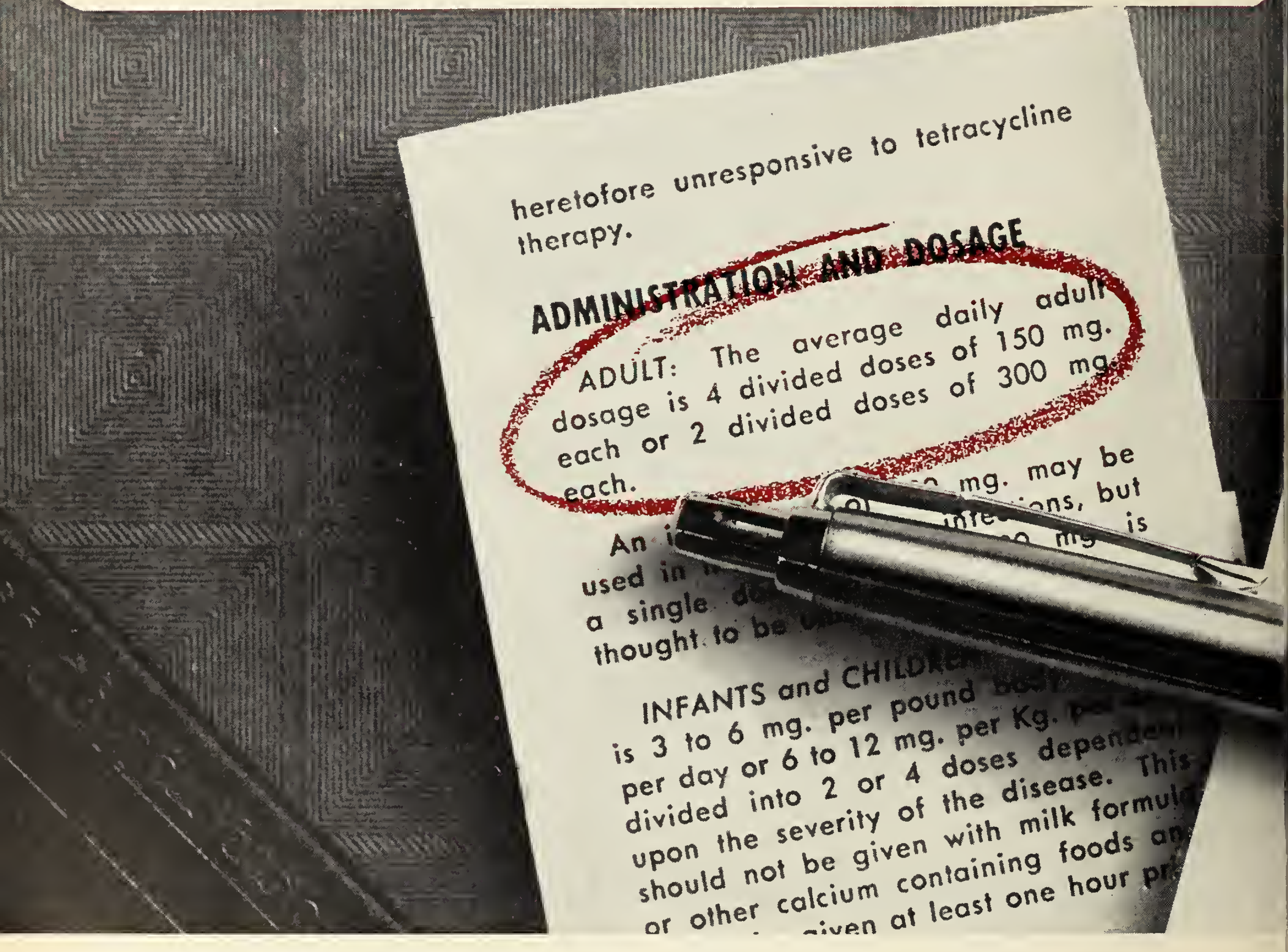

heretofore unresponsive to tetracycline
therapy.

ADMINISTRATION AND DOSAGE

ADULT: The average daily adult
dosage is 4 divided doses of 150 mg.
each or 2 divided doses of 300 mg.
each.

An i mg. may be
used in infe ons, but
a single do mg. is
thought to be

INFANTS and CHILDR
is 3 to 6 mg. per pound bod
per day or 6 to 12 mg. per Kg. p
divided into 2 or 4 doses depend
upon the severity of the disease. This
should not be given with milk formul
or other calcium containing foods an
given at least one hour pr

the "extra" benefits of DECLOMYCIN® permit b.i.d. dosage:

☐ for added assurance of optimum response ☐ less risk of "skipped" doses ☐ sustained activity levels throughout the night ☐ high initial levels ☐ reduces chance of mealtime interference when given between meals ☐ as well tolerated as q.i.d. dosage

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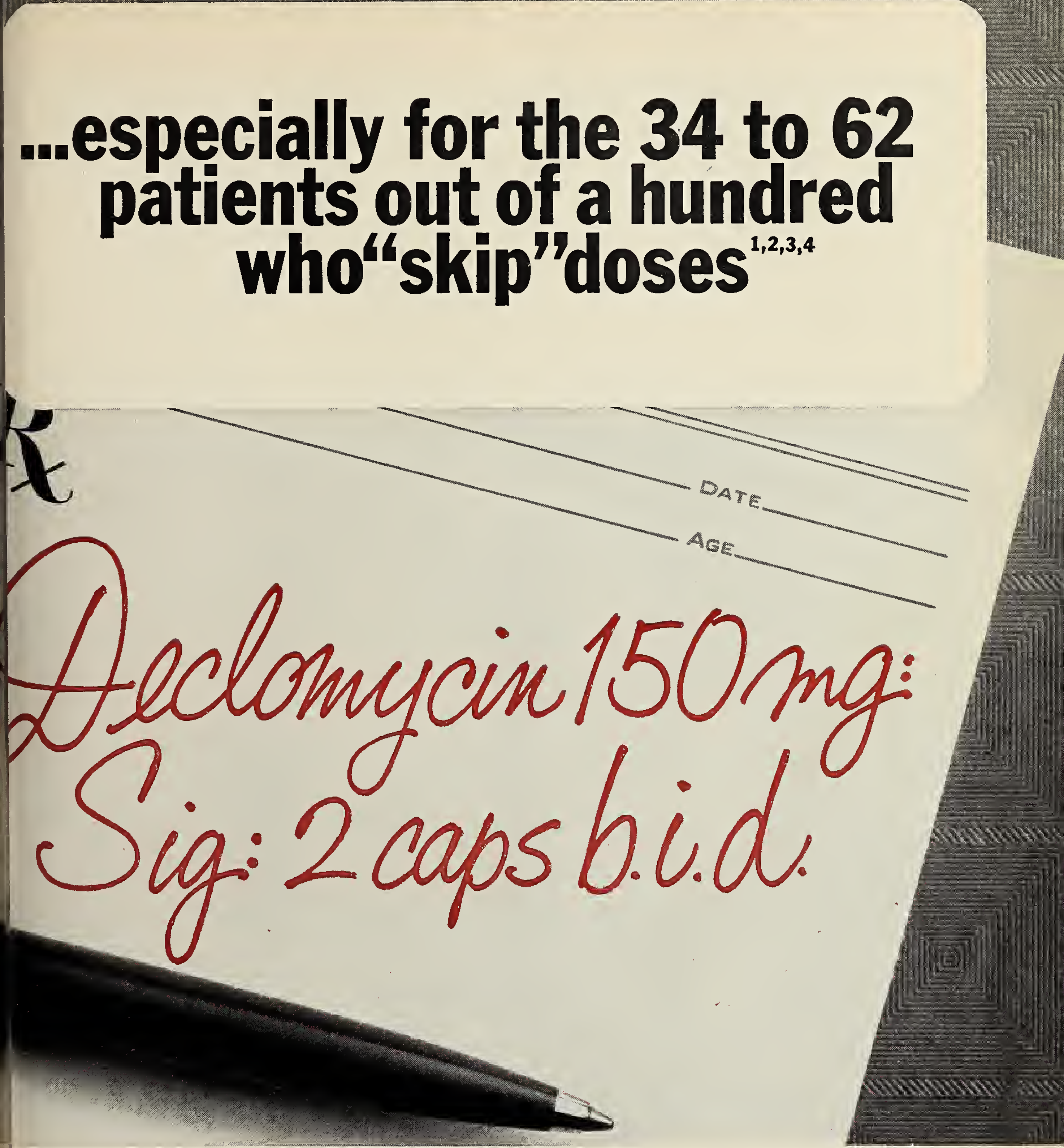
...especially for the 34 to 62 patients out of a hundred who"skip"doses[1,2,3,4]



Effective in a wide range of everyday infections—respiratory, urinary tract and others—in the young and aged—the acutely or chronically ill—when the offending organisms are tetracycline-sensitive.

Side Effects typical of tetracyclines which may occur: glossitis, proctitis, nausea, diarrhea, vaginitis, dermatitis, overgrowth of nonsusceptible organisms. Also: photodynamic reaction (making avoidance of direct sunlight advisable) and, very rarely, anaphylactoid reaction. Reduce dosage in impaired renal function. The possibility of tooth discoloration during development should be considered in administering any tetracycline in the last trimester of pregnancy, in the neonatal period, and in early childhood.

Capsules, 150 mg. and 75 mg. of demethylchlortetracycline HCl.

Average Adult Daily Dosage: 150 mg. q.i.d. or 300 mg. b.i.d.

References: 1. Schwartz, D.; Wang, M.; Zeitz, L., and Goss, M.: Medication Errors Made by Elderly, Chronically Ill Patients. *Amer. J. Public Health* 52:2018 (Dec.) 1962. 2. Dixon, W.; Stradling, P., and Wootton, I.: Outpatient P.A.S. Therapy. *Lancet* 11:871 (Nov. 2) 1957. 3. Curtis, E.: Medication Errors Made by Patients. *Nurs. Outlook* 9:290 (May) 1961. 4. Mohler, D.; Wallin, D., and Dreyfus, E.: Studies in the Home Treatment of Streptococcal Disease. *New Engl. J. Med.* 252:1116 (June 30) 1955.

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OUR STATE SOCIETY

18 PG Programs Slated In State by MSMS

The Postgraduate Education Committee of MSMS, with the cooperation of the University of Michigan and Wayne State University Schools of Medicine and the State Department of Health, is offering a series of educational programs again this fall.

Educators from the medical schools will visit the following cities during November: Grayling, November 12; Jackson, November 17; Midland, November 12; Petoskey, November 12; Traverse City, November 10.

The fall series began at Battle Creek on October 6. Other communities with PG lectures during October were Alpena, Lansing, Muskegon, and Niles in the Lower Peninsula and Calumet, Escanaba, Iron Mountain, Ironwood, Manistique, Marquette, and Sault Ste. Marie in the Upper Peninsula.

A program folder listing all 18 programs was mailed every MSMS member.

Physicians wishing more information about speakers, please write to the Michigan State Medical Society, Box 152, East Lansing; Attention: MSMS Postgraduate Education Committee.

AMA Lauds Society's Emergency Identification Efforts

Congratulations on your Emergency Medical Identification Program and the startling cover on the September issue of MICHIGAN MEDICINE.

We appreciate your efforts to promote what is rapidly becoming the universal symbol and we wish you every good fortune in the development of the statewide Program described in this issue.

Sincerely yours,
DONALD A. DUKELOW, M.D.
Assistant Director
Environment Medicine
American Medical Association

"Medical Care in Kalamazoo" Survey Available from MSMS

A limited number of copies of the "Study of Medical Care in Kalamazoo" are available for MSMS members interested in the possible evaluation of medical care in their own communities.

Completed in 1963, the Kalamazoo project was primarily a study of attitudes and was financed by a $20,000 grant from the Kalamazoo Foundation. The survey was executed by the Public Services Research Institute of Stamford, Connecticut.

Copies of the report have been circulated to MSMS officers and The Council and Delegates.

To obtain a copy, write to MSMS, 120 West Saginaw, East Lansing.

AMA Clinical Convention Set for Nov. 29-Dec. 2

Michigan physicians who attend the annual AMA Clinical Conference in Miami Beach, November 29-December 2, will find a program attuned to the current needs and interests of the practicing physician.

Immunization, depression, cardiac arrhythmias, vascular occlusive diseases, emphysema, iatrogenic diseases, and hypertension are only a few of the major areas to be explored during the four-day meeting.

More than 300 physicians will participate in a full program of lectures, exhibits, motion pictures, color television, fireside conferences and breakfast roundtables.

U. S. Congressman Gerald R. Ford, Jr., right, of Grand Rapids, was the Biddle Lecturer at the MSMS Annual State Society Dinner Dance. Shown studying the dinner program are Wm. A. Hyland, M.D., left, Grand Rapids, MSMS treasurer, and Oliver B. McGillicuddy, M.D., standing, center, Lansing, who was installed president at that event.

Here are seven MSMS Past Presidents who got together at the 1964 Annual Session in Detroit for their annual luncheon meeting. Host then, and now a member of the Past Presidents group, was Orlen J. Johnson, M.D., third from right, of Bay City. Left to right, the men are Otto K. Engelke, M.D., Ann Arbor; G. B. Saltonstall, M.D., Charlevoix; Otto O. Beck, M.D., Birmingham, Leroy W. Hull, M.D., Brighton; Doctor Johnson; H. H. Cummings, M.D., Ann Arbor, and Henry Cook, M.D., Flint.

AMA-ERF Loan Program Aids 465 in Michigan

During the first 28 months of operation, through June 30, 1964, the AMA-ERF Loan Program has provided loans to 465 young men and women in medical training in Michigan.

The AMA-ERF office further reports that the total principal of the 465 loans amounts to $540,200.

Loan activity across the nation has stepped up during the past six months and that trend is true also in Michigan with 115 loans during the first six months of 1964.

A 28-month report by Lyman J. Smith, director of the AMA medical education loan guarantee program, also states:

"From the beginning of the AMA-ERF Loan Program in March 1962 through June 30, 1964, a total of 15,289 loans had been made, with a combined principal value of $17,309,350. These loans were received by 10,398 individuals, 1,917 of whom were new borrowers in 1964. The total value of these loans, including principal and estimated interest, was $21,509,831. With each $1.00 in the Loan Guarantee Fund securing $12.50 worth of loans, $1,720,786, or 78 per cent of the $2,224,383 in the Guarantee Fund, had been committed.

"By June 30, there were 488 borrowers who had completed their medical training and were repaying their loans. An additional 139 had paid their loans in full.

"It is estimated that by 1970 the Loan Program will be self-sustaining—new loans will be offset by repayments, making additional contributions to the Guarantee Fund unnecessary. The income earned by the Fund should be sufficient at that point to cover defaulted loans.

"The Guarantee Fund requirement at that time should be in the neighborhood of $6 million—or approximately $3.7 million more than the Fund now contains. It is desirable, however, to achieve the $6 million total as early as possible to assure that funds will continue to be readily available and that no qualified applicant need ever be turned away because of lack of money in the Program.

"The response from physicians and private industry to the challenge of building the Guarantee Fund continues to be forthright and generous."

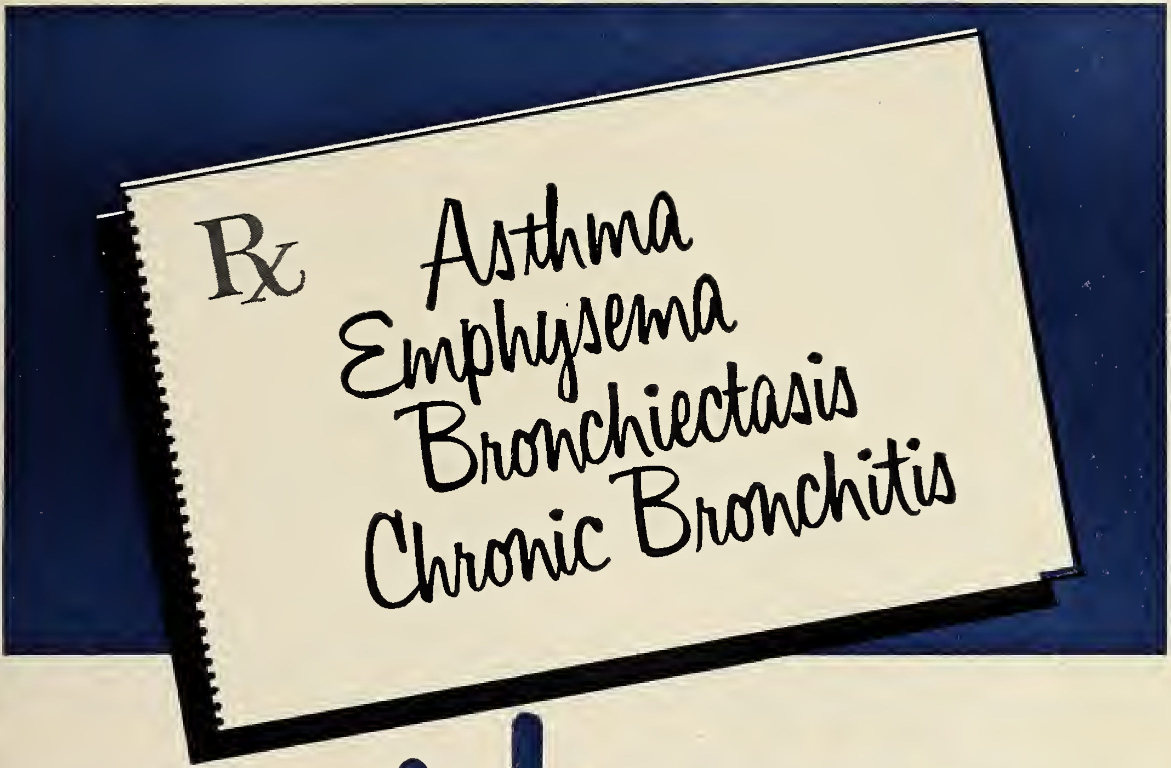
Readers Write

As an Associate Member of MSMS and the Wayne County Medical Society, let me tell you that I enjoy the Late News from the Michigan State Medical Society.

A. H. Naylor, M.D.
Milford, Michigan

I have just finished reading the September issue of the Journal of Michigan State Medical Society. I like its new format.

Sincerely,
Edgar C. Long, M.D.
Monroe, Michigan



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Abstract of MSMS Council Action

Meetings of September 20 and 24, 1964

PROGRESS REPORT ON MICHIGAN HEALTH FAIR

Plans of the Health Fair Finance Committee were received and The Council requested the Committee to complete its solicitation drive in time for report to The Council at its December meeting, when The Council will make a decision regarding continuation of plans for the Michigan Health Fair. The Health Fair Finance Committee expressed optimism that it would be able to raise the necessary funds to implement the Michigan Health Fair.

CONCEPT OF PUBLIC HEALTH

In lieu of the report of the Ad Hoc Committee to Study AMA Concept of Public Health, The Council adopted the following: "That the MSMS Delegates to the AMA, if in their opinion it is desirable, request AMA to include in the 1962 AMA Concept of Public Health the interpretive paragraphs of the AMA Board of Trustees expressed to the 1964 AMA House of Delegates." This action was reported to the MSMS House of Delegates in the verbal report of the Council Chairman.

AREA-WIDE HOSPITAL PLANNING

The Council received a report of a meeting with representatives of the Michigan Hospital Association regarding MHA's plan for a voluntary program of area-wide hospital planning. This report and any actions taken by the House of Delegates on this matter were referred to The Council's Hospital Relations Committee for study and report at the next meeting of The Council.

REPORT OF MICHIGAN MEDICAL SERVICE

MMS President Adler presented a supplemental report re the motor negotiations and the New York State Department of Health Medical Audit.

CORRESPONDENCE RE ADMINISTRATION OF BLUE CROSS ANESTHESIA BENEFITS

Information from the President of Michigan Hospital Service regarding Blue Cross anesthesia benefits was referred to the Hospital Relations Committee, which is already acting on this matter.

REPORT OF MICHIGAN HEALTH COMMISSIONER

A. E. Heustis, M.D., reported on the Health Department's 1965-66 budget request and anticipated state legislation.

DIABETES DETECTION PROGRAM AGREEMENT

The Council deferred action on signing the proposed Diabetes Detection Program Agreement until the October 28 meeting of The Council when the matter could be more fully discussed.

DEATH OF AMA PRESIDENT NORMAN WELCH, M.D.

The Council was informed that MSMS had sent an expression of sorrow to the family of AMA President Welch and that William A. Hyland, M.D., was an honorary pallbearer at the funeral and officially represented the Michigan State Medical Society.

APPRECIATION FROM CITIZENS COMMITTEE ON HIGHER EDUCATION

This letter expressed appreciation for the comprehensive answers supplied to recent questions on the profession of medicine in Michigan.

MSMS PRESIDENTIAL OATH OF OFFICE

The Council approved an official oath of office to be used in ceremonies inducting future MSMS presidents.

GIFT TO MSMS FROM PRESIDENT AND MRS. ORLEN J. JOHNSON

The Council gratefully accepted a gift from President and Mrs. Orlen J. Johnson to cover the furnishings of one of the new conference rooms installed on the second floor of the headquarters in East Lansing to accommodate additional committee meetings. The Council directed that the President's contribution be noted on a small plaque dedicating the room furnishings to President and Mrs. Johnson.

RETIREMENT PLAN PROPOSAL

The Council authorized that MSMS investment counsel be permitted to use the MSMS addressograph, providing the prospectus and all promotional material regarding suitable retirement plans be submitted to and approved by The Council in advance of release.

DISASTER MEDICAL CARE

The Council approved endorsement of the pilot project of the Bay County Emergency Health Services and approved the proposed goals of the Disaster Medical Care Committee of MSMS for disaster medical care in the state of Michigan.

UNIFORM FEE SCHEDULE

The Council did not adopt the recommendations of the Uniform Fee Schedule Committee, but requested the Committee to restudy the amount of the conversion factor and to present a new recommendation to more adequately represent an average and fair fee.

POSTGRADUATE MEDICAL EDUCATION

The Council approved plans for fall activities of the Postgraduate Medical Education Committee but referred the matter of revision of honoraria for PG speakers back to the Committee for specific recommendation.

REORGANIZATION OF THE COUNCIL

The following officers were elected on September 24:

Council Chairman—Harold H. Hiscock, M.D., Flint; Vice-Chairman of The Council—Robert J. Mason, M.D., Birmingham; Chairman of the Finance Committee—C. Allen Payne, M.D., Grand Rapids; Chairman of County Societies Committee—Ross V. Taylor, M.D., Jackson; and Chairman of Publication Committee—Bradley M. Harris, M.D., Ypsilanti.

STUDY OF COMPANY PRACTICES RE MALPRACTICE INSURANCE

The Council referred this matter to the Finance Committee for immediate action, as outlined in House of Delegates Resolution 32.

COMPARATIVE STUDY OF MALPRACTICE RATES, COVERAGES, ETC.

The Council referred this matter as outlined in House of Delegates Resolution 39 to the Committee on Professional Insurance Plans for study and report.

Among the men receiving 50-Year Pins was Arthur E. Schiller, M.D., Detroit, a former Chairman of The MSMS Council. Doctor Schiller, at right, is congratulated by MSMS President Johnson.

Congratulations are exchanged following their reelections by James J. Lightbody, M.D., right, Detroit, renamed Speaker of the MSMS House of Delegates, and Louis F. Hayes, M.D., Gaylord, returned as Vice-Speaker.

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Busy Fellow

At times, most physicians active in medical organizations have carried out more than one or two duties at the same time. But here's a short story of a doctor who filled nine different responsibilities at one of the Section meetings during the 1964 MSMS Annual Session . . .

He was Secretary for his Section on Dermatology, Publicist, Acting Chairman, Treasurer and Cashier, Recorder, Projectionist, and Chairman-Elect . . .

And then at the same time during the luncheon, he attended the meeting of the Detroit Dermatological Society as a Member of the Board of Directors . . . and as Secretary.

The busy man was Robert J. Schoenfield, M.D., of Birmingham. (And he's a surprised man to be reading this interesting feature article!)

1965 Blood Symposium Slated for January 22-23

The Thirteenth Annual Wayne State University Symposium on Blood will be held at the Community Arts Auditorium in Detroit, January 22 and 23. The presentation of papers is scheduled to begin at 9 a.m. Friday. On Saturday the scientific session will be from 9 in the morning until 12 noon. A luncheon Friday will also be held at the center. Arrangements have been made for the Friday evening dinner to be held in the Crystal Room of the Park Shelton Hotel.

ANCILLARY SECTION

Migrant Health Projects Under Way in Michigan

The Michigan Department of Health is conducting three migrant health projects, financed by grants from the U. S. Public Health Service. Two other applications are pending.

The three underway include a statewide migrant housing education project conducted by Michigan State University's Agricultural Engineering Department, the improvement of nursing, sanitation, and clinic services provided by the Monroe County Health Department and a similar project conducted by the Ottawa County Health Department.

These latter two community projects have been established with the cooperation and support of local church groups, growers, medical and dental societies, other official county agencies, and others interested in the welfare of the migrant worker and his family.

These projects are made available through the state health department with community group cooperation.

In addition, the State Health Department, planning some statewide migrant health projects in 1965, hopes that a system can be established of correlating activities by various agencies dealing with migrant problems. "Such a system would funnel all activities into one common stream, thus increasing the flow of services to migrants and eliminating the duplication which can cause confusion, waste, and even, in some cases, hard feelings among the various groups," reports the Department.

Michigan ranks third in the nation in numbers of migrants employed, with about 90,000 working each year on a seasonal basis. Housed in some 7,000 work camps, the migrant's average yearly income is about $855; family earnings are probably less than $1,800.

Of Michigan's total farm labor force, 58 per cent are migrants and about 34 per cent of the total farm cash receipts are in crops in which migrants are engaged.

Through a project grant from the Public Health Service, the Michigan Department of Health employed a migrant health consultant in January of this year to provide liaison with all state agencies involved, both voluntary and official, and to stimulate and improve the full use of community health facilities by migrants working in Michigan.

The Department states that, "The core of such facilities, of course, is made up of local health departments which cover 68 of the 83 counties in the state. Each of these is potentially capable of providing a wide range of community preventive health services to migrant workers. However, most of these departments have difficulty in giving special emphasis to the migrant worker because of understaffing and lack of funds to expand programs, even though they recognize the need and are concerned about it. To help these departments, as well as other local community agencies, project grants have been made available through the Public Health Service to provide for special migrant health programs.

Looking over construction plans for the Robert S. Marx Surgical Laboratory are (left to right), Howard Kaichen, of the Marx Trust; Prof. Emeritus Harry Saltzstein, M.D.; Dean Ernest Gardner, M.D.; Prof. Alan P. Thal, M.D., surgery chairman; and Donald S. Schiller, of the contracting company.

$97,300 Remodeling Started At Wayne Surgical Laboratory

Ceremonies have been held to mark the beginning of construction to modernize surgical training and research facilities at Wayne's School of Medicine took place at the surgical laboratory located in the Laboratories of Clinical Investigation Building, 645 Mullett.

Costing $97,300, the renovation of the entire fourth floor of the building was made possible through a $40,000 gift from the Robert S. Marx Trust and $57,300 from the National Institutes of Health.

To be known as the Robert S. Marx Surgical Laboratory, the new unit will consist of biochemistry and other laboratories which will enable the department of surgery to carry out NIH and other research programs, particularly studies of metabolic and structural changes in heart disease, and shock.

Robert S. Marx, after whom the laboratory is named, was a former Detroit and Cincinnati attorney. He died in 1960.

Van Buren, Cass, Berrien Select Health Director

The counties of Van Buren, Cass and Berrien have employed Robert P. Locey, M.D., a native of Kalamazoo, as director of the tri-county health department.

Doctor Locey comes to Michigan from a position as health director of Forsythe County, North Carolina.

Appointment of the director ends nearly two years of work by a tri-county planning committee. The three counties will share in the cost of operating the health program.

MSU Medical Program Given Kellogg Grant

The W. K. Kellogg Foundation recently granted over $1.25 million to Michigan State University for planning and construction of MSU's two-year medical school.

MSU officials point out that the grant allows the University to proceed in applying for federal money under a $236 million medical aid bill signed in 1963. The Kellogg money could be used to match federal funds on a one to two ratio with one MSU dollar for each two federal dollars.

University spokesmen also explain that the Kellogg grant means that the University can move ahead in planning a proposed $6 million Life Sciences Building. The building is expected to be in use by the fall of 1967 at which time the University hopes to be well on its way to a full 50-student enrollment in a medical education.

The Foundation, in making the grant, noted that MSU's new Institute of Biology and Medicine "provides a setting for the College of Human Medicines," and that the Lansing-East Lansing area is ideal for a new school in the state.

"It was found that there are 255 physicians in the Lansing area of whom 99 are certified as specialists," the announcement read.

Other plus factors noted were three major hospitals in the area with 770 beds serving approximately 300,000 people, a total estimated to hit 435,000 by 1980.

This year, MSU has budgeted $145,000 for its medical program, with about $90,000 earmarked for obtaining new faculty members to teach courses in human medicine.

Elect 15 to Blue Shield Board of Directors

Fifteen members were elected to the Board of Directors of Michigan Medical Service at the annual meeting in Detroit, September 22.

The MSMS representatives named were F. S. Alfenito, M.D., Grand Rapids; Hugh Caumartin, M.D., Saginaw; Robert M. Bookmyer, M.D., Birmingham; William R. Gladstone, Jr., M.D., Norway; Robert Stow, M.D., East Lansing; Richard McMurray, M.D., Flint; Benjamin Jeffries, M.D., Detroit.

The following lay members were elected: John Feikens, co-chairman of the Michigan Civil Rights Commission; Alfred M. Pelham, assistant vice-president for finance at Wayne State University; Earl E. Conlin, vice president of Ex-Cell-O Corp.; Howard N. Maynard, president of Snyder Corp.; President Edgar L. Harden of Northern Michigan University; Carl H. Morgenstern, chairman of the board, Old Kent Bank & Trust Co., Grand Rapids. Chosen to represent the Michigan Hospital Association were Julien Priver, M.D., executive vice-president of Sinai Hospital, and Kenneth E. Wolz, administrator of Saginaw General Hospital.

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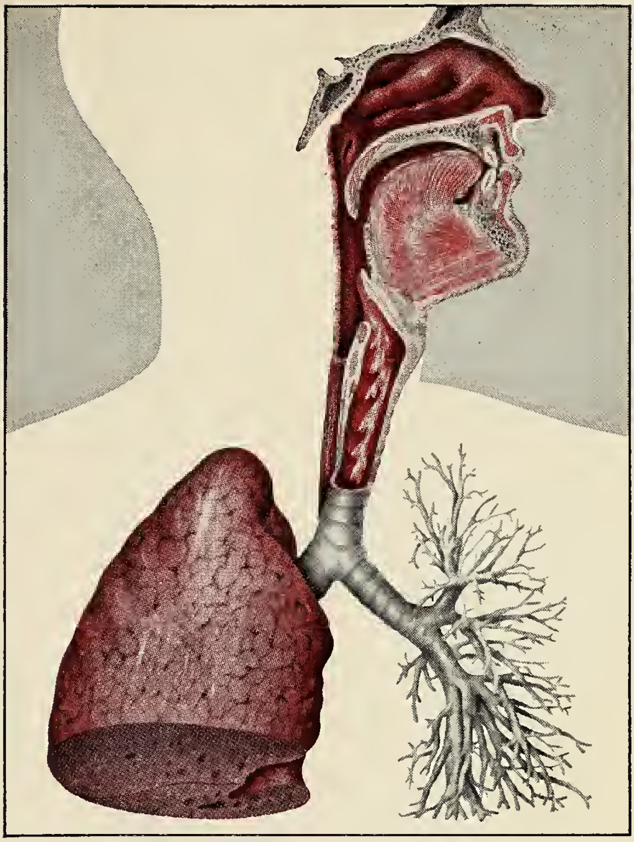

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DOSAGE: *Average adult dose*—1 teaspoonful after meals and at bedtime with food. *Children 6-12 years,* ½ teaspoonful; *3-6 years,* ¼ teaspoonful; *1-3 years,* 10 drops; *6 months to 1 year,* 5 drops. Administer after meals and at bedtime with food. On oral Rx where state laws permit.

CAUTION: Should be used with caution in patients with known idiosyncrasies to phenylephrine hydrochloride and in those with moderate or severe hypertension, hyperthyroidism or advanced arteriosclerosis. In these patients the use should not exceed three days. Hycomine* Syrup is generally well tolerated but in some patients drowsiness, dizziness or nausea may occur.

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New Reporting Forms Re Abused Child Laws Available at Hospitals

Act No. 98 of the Public Acts of 1964, commonly referred to as the abused child act, has now become law.

This law states in part "any licensed physician who provides medical treatment or who makes a medical examination of any child under 17 years of age who has physical injuries which were, or may have been intentionally inflicted upon him by any person responsible for his care, shall immediately cause a report to be made as required by this act. . . ." "The report required in section one shall be made in triplicate and one copy shall be mailed to the prosecuting attorney and to the department of social welfare of the county where the physician believes the injury may have been inflicted. One copy shall be mailed to the Lansing office of the State Department of Social Welfare."

For the convenience of physicians in complying with this act, the State Department of Social Welfare has developed a standardized reporting form which has been distributed to all hospitals by County Departments of Social Welfare.

The State Department of Social Welfare will also act as a centralized source of information for the accumulation of such reports and the dissemination of information concerning repeated reports of abuse to children.

Epidemiology Conference Speakers Set for Lansing, Dec. 16-18

Albert P. Iskrant, M.D., Chief, Developmental Research, Division of Accident Prevention, U. S. Public Health Service, Washington, D. C., will be the principal speaker at The Michigan Department of Health Epidemiology Conference at the Jack Tar Hotel, Lansing, December 16-17-18. Doctor Iskrant will address a dinner meeting at 6:30 p.m. on Wednesday, December 16, on "Epidemiology of Accidents."

Other nationally-known speakers coming include Tadeusz Wiktor, M.D., of Wistar Institute, Philadelphia, who will speak on "A New Vaccine for Human Prophylaxis"; David Sencer, M.D., Deputy Chief, CDC, PHS, Atlanta, Georgia, on the art and technique of tuberculosis control identification, evaluation and follow-up.

Reservations for the dinner meeting may be made through the Division of Adult Health, Michigan Department of Health, Lansing.

Next Genesee Diabetes Day, 1965

The Genesee County Medical Society reports it will hold its next Diabetes Day in November, 1965. (There will be no Diabetes Day in 1964.)

Winners Listed In Auxiliary Art Show

Winners in the various divisions of the Annual Art Show for Michigan physicians and their wives, in conjunction with the MSMS Annual Session in Detroit were Mrs. Emerick Szilagy, Bloomfield Hills, oils; Lawrence Koltonow, M.D., Rochester, sculpture; Mrs. L. Jerome Fink, Pontiac, ceramics; Mrs. Jay Rosenbaum, drawing; Mrs. Mark Dale, Birmingham, jewelry; Mrs. Herman Linn, Bloomfield Hills, weaving, and M. W. Jocz, M.D., Grosse Pointe Park, water color.

A water color by Doctor Jocz, declared "Best in Show," was entitled "Snow Scene."

The show was sponsored again by the Woman's Auxiliary to the Michigan State Medical Society.

National Meet in Detroit Picks Rehabilitation Topic

The 1964 annual convention of the National Society for Crippled Children and Adults, November 13-16 at the Statler-Hilton Hotel, Detroit, will focus on rehabilitation services. Authorities in the rehabilitation field will conduct seminars and workshops and present new concepts to professional workers and a large number of volunteers are expected to attend.

The important job that teen-agers are doing in working with the handicapped will receive special attention during the convention.

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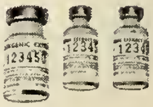

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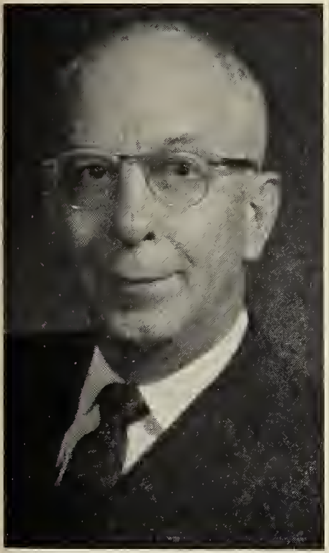
PUBLIC RELATIONS

Sees Communications Vital to Unity of Profession

"Communications is vital to unity."

So stated Milford O. Rouse, M.D., Dallas, Texas, in his address to the MSMS House of Delegates in Detroit. Doctor Rouse is Speaker of the AMA House of Delegates and was introduced by William A. Hyland, M.D., Grand Rapids, chairman of the MSMS delegation to the AMA. Doctor Rouse continued: "If we work together, if we open more paths of communication and cooperation between our various societies and between us and the people of this Nation—then we can bring into being the goal sought by every physician who would follow our Oath."



"In the future," pointed out Doctor Rouse, "the medical profession must be united. We must stand strong and firm with a heart and conscience turned to public need with a respect for the rights and privileges of the individual, and with an abiding faith in our free competitive system of medical practice."

As he discussed cooperative effort, Doctor Rouse especially lauded Michigan by saying, "You have achieved good rapport between the full-time medical school teachers and the physicians in private practice, working together for common goals."

Albert Myers, M.D., Potterville, can be proud of the trophy presented him by Olivet College in recognition of his outstanding community service as a leader in educational matters.

Traits Suggested for Physician of Tomorrow

What manner of man should the physician of tomorrow be?

Advice to answer that question is given by F. J. L. Blasingame, M.D., Executive Vice President of AMA. He suggested in a recent speech in Wisconsin that "As always, the physician should have in good measure the following:

"1. An awareness of the past, an alertness to the present, a faith in the future;

"2. A thirst for knowledge and a hunger to expand it;

"3. Tenderness enough to treat compassionately;

"4. Toughness enough to tackle tyrants;

"5. A sensitivity to professional responsibility;

"6. An abundance of courage;

"7. A tendency to be a spendthrift with his talents;

"8. Technical competence;

"9. Intelligence sharpened by wisdom;

"10. A tolerance of a fault in others; and

"11. A sense of humor, especially when the joke is on him."

Doctor Blasingame then concludes: "With these elements, well blended with others, and properly seasoned, the physician should be able to measure up creditably to the opportunities of our great profession in the tomorrows. He will be needed as never before to meet the increasing desire for good health among the people. He will be respected and granted freedom and privileges which his work will require. Finally, he will spend a fruitful, effective life and be rewarded by profound satisfactions."

Where Would We Be?

It is generally agreed that what our country needs today is patriotism, nationalism, morality, courage, dedication, and religion, and in a way that these have never been needed before.

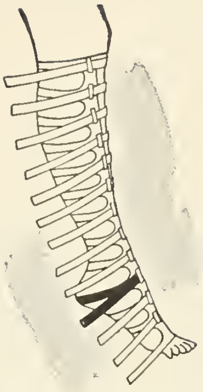
These virtues are not the attributes of the modern "angle players," declared James E. Palmer, Jr., a professional staff member of the U. S. Senate Committee on Banking and Currency, in a commencement address.

Had they been angle players, he said, some of our national heroes might have answered the call to duty like this:

Paul Revere: Why pick on me? It is the middle of the night. I cannot ride through every Middlesex Village. Besides, I am not the only man in Boston with a horse.

Benjamin Franklin: I'm over 75 years old. What you need as a Minister to France in these strenuous times is a younger man. Let a new generation take over. I want to rest.

—*Texas State Journal of Medicine*



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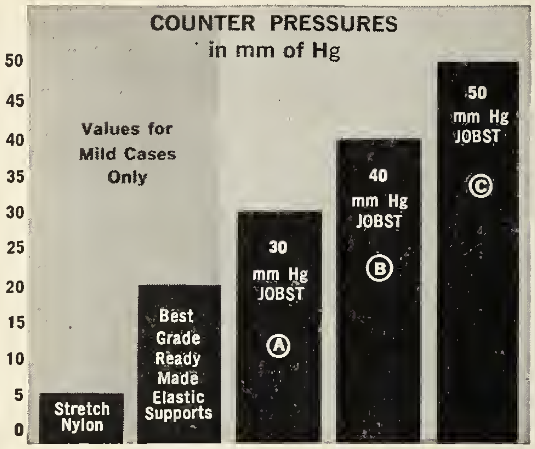

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C Lymphedema 2 + Pitting and higher.

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(Dimetane® [brompheniramine maleate], 12 mg.; Phenylephrine hydrochloride 15 mg.; Phenylpropanolamine hydrochloride, 15 mg.)

In sinusitis, colds, U.R.I., Dimetapp lets your "stuffed-up" patients *breathe easy again.* Each long-acting Extentab provides clear relief for up to 10-12 hours, yet seldom causes drowsiness or overstimulation.

BRIEF SUMMARY: ***Indications:*** Dimetapp reduces nasal secretions, congestion, and postnasal drip for symptomatic relief of colds, U.R.I., sinusitis, and rhinitis. ***Side Effects:*** In high dosages, occasional drowsiness due to the antihistamine or CNS stimulation due to the sympathomimetics may be observed. ***Precautions:*** Administer with caution in the presence of cardiac or peripheral vascular diseases and hypertension. ***Contraindications:*** Antihistamine sensitivity. Not recommended for use during pregnancy.

*Clinical report on file, Medical Department, A. H. Robins Co., Inc.

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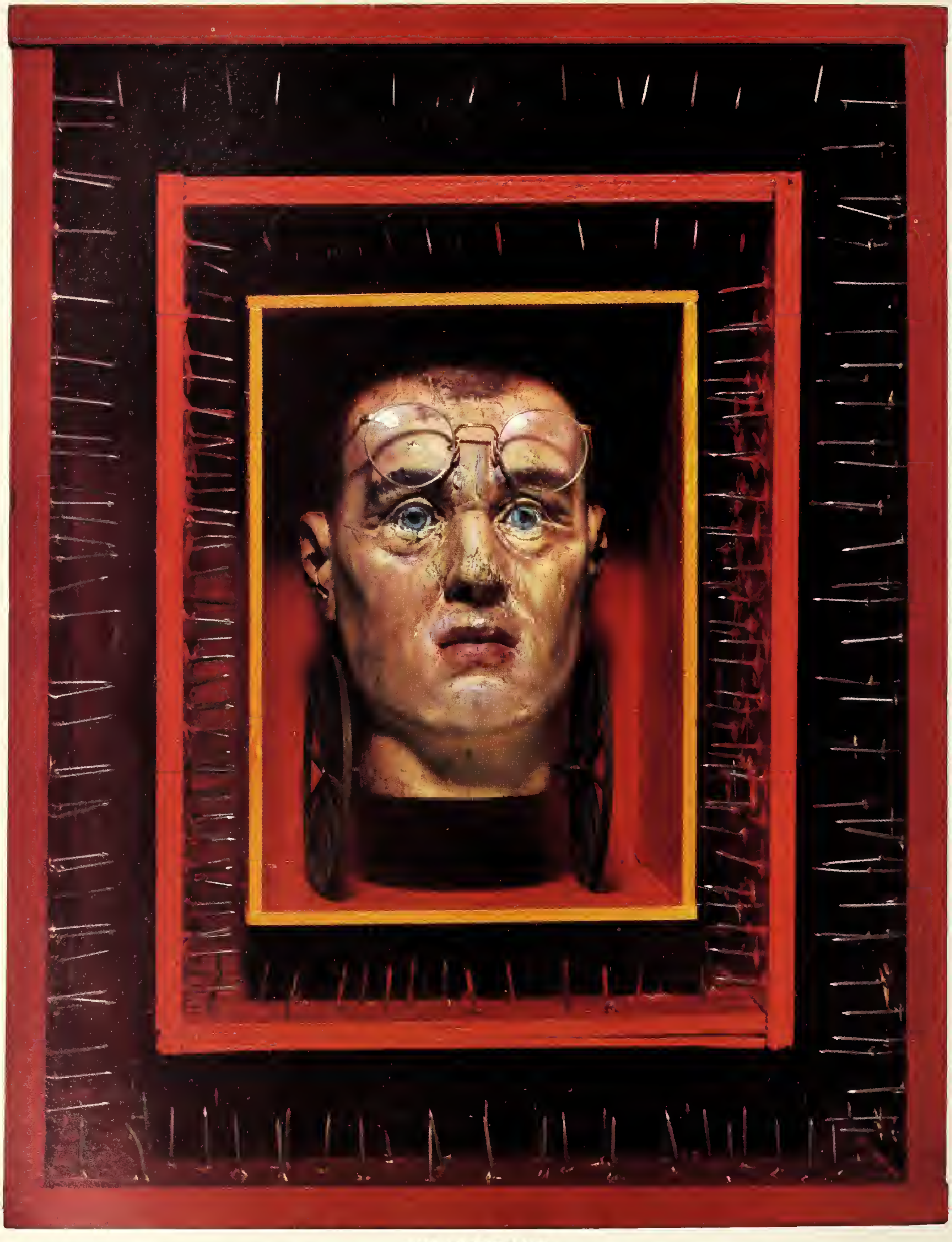

THE ULCER LIFE

In this "pop art" assemblage, artist Bob Sullivan depicts "the ulcer life" as man-in-a-box. The wall of nails closing in might well symbolize the torturous demands of a rigid, conformist society. As for the man, his disembodied psyche moves relentlessly onward with the blank, fixed stare of a man who has lost control of his own destiny. Small wonder that his gastric mechanism rebels.

NUMBER 1 IN A SERIES

for the ulcer life:
a new strength of glycopyrrolate

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glycopyrrolate 2 mg. phenobarbital 16.2 mg. (warning: may be habit forming)

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BRIEF SUMMARY

INDICATIONS: In addition to its primary indications for duodenal and gastric ulcer, glycopyrrolate is indicated for other G-I conditions which may benefit from anticholinergic therapy. Robinul-PH Forte (glycopyrrolate 2 mg. with phenobarbital) is indicated when these situations are complicated by mild anxiety and tension.

CONTRAINDICATIONS: Glaucoma, urinary bladder neck obstruction, pyloric obstruction, stenosis with significant gastric retention, prostatic hypertrophy, duodenal obstruction, cardiospasm (megaesophagus), and achalasia of the esophagus, and in the case of Robinul-PH Forte, sensitivity to phenobarbital.

PRECAUTIONS: Administer with caution in the presence of incipient glaucoma.

SIDE EFFECTS: Dryness of mouth, blurred vision, urinary difficulties, and constipation are rarely troublesome and may generally be controlled by reduction of dosage. Other side effects associated with the use of anticholinergic drugs include tachycardia, palpitation, dilatation of the pupil, increased ocular tension, weakness, nausea, vomiting, headache, dizziness, drowsiness, and rash.

DOSAGE: Should be adjusted according to individual patient response. Average and maximum recommended dose is 1 tablet three times a day: in the a.m., early p.m., and at bedtime.

See product literature for full prescribing information.

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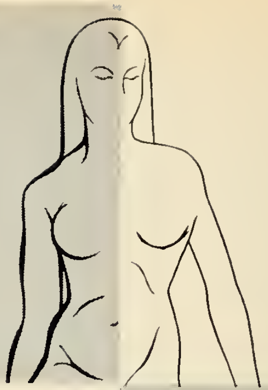

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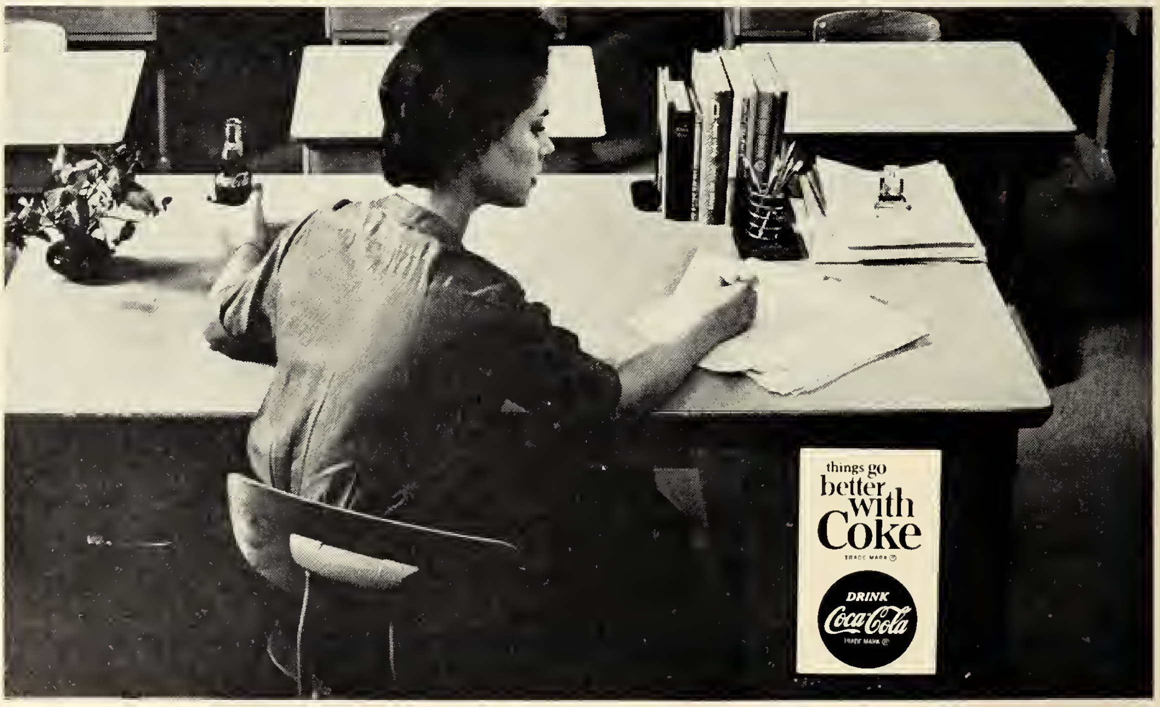

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THE 88TH CONGRESS IN REVIEW

Adjourning on Saturday, October 3, the 88th Congress passed into history. By almost any measure, the 88th had a busy and eventful two-year term. Approximately 20,000 bills had been introduced in the House or Senate. Of these, 850 affected medicine, medical care, or the public health.

The AMA presented its views on pending legislation on 25 occasions as well as providing 16 informational statements to various committees of Congress. It took nearly 61,000 pages in the *Congressional Record* to record the 88th Congress' deliberations of the various proposals which came before it. In addition, many more thousands of pages of testimony were recorded in the published proceedings of the public hearings which were held in connection with pending legislation. For example, the hearings of the House Ways and Means Committee on H.R. 3920, the King-Anderson bill, filled five volumes and ran to over 2,500 pages.

Some of the more major measures of medical interest which were enacted into law were: the Health Professions Educational Assistance Act which provides construction grants for the construction of teaching facilities and a student loan program; Maternal and Child Health and Mental Retardation Planning Amendments providing grants to help meet the cost of special projects, research, and other activities; Mental Retardation Facilities and Community Mental Health Centers Construction which authorizes grants for the construction of research and clinical facilities, and for community mental health centers; Clean Air Act expanding the federal government's role in air pollution control; Hospital and Medical Facilities Amendments which extended for five years the Hill-Burton hospital construction grant program and adding to it, grants for the modernization of existing facilities and for areawide health facilities planning programs; and the Nurse Training Act authorizing grants for the construction and modernization of nursing schools, and establishing a loan fund for student nurses.

Several other bills of interest to medicine failed to gain approval of both houses of Congress, and died with the adjournment of the 88th Congress. Included were: a water pollution control measure; reorganization of the U. S. Public Health Service; the creation of an "Office for Senior Citizens" in the Department of Health, Education and Welfare; the King-Anderson medicare-tax proposal; chiropractic care for federal employees under the Federal Employees' Compensation Act; a psychotoxic drug control program; and a bill which would have exempted nonprofit blood banks from the antitrust laws.

Many of the measures which were not favorably acted upon during the 88th Congress will be reintroduced after the 89th Congress convenes on January 4, 1965.

LEGISLATIVE AFFAIRS

More Social Security Benefits Denied by Medicare Supporters

A House-Senate conference committee deadlocked over the Johnson Administration's so-called medicare proposal before adjourning to campaign for the November elections.

It meant the death of such legislation for this year unless Congress should be called back in special session after the elections for further consideration of the legislation by the conference committee.

However, medicare supporters said they would revive the issue next year and make another attempt to get Congressional approval for hospitalization for the aged financed by a social security tax increase.

Failure of the committee to reach agreement on medicare also killed a cash increase in social security benefits. The House overwhelmingly voted for the cash increase. The Senate voted 49 to 44 to add an administration proposal that would have financed some hospitalization and nursing home care for the aged under social security.

Congressman John W. Byrnes (R-Wisc.) pointed out that the pro-medicare senate conferees had denied an increase in social security cash benefits by refusing to have any bill approved if it didn't include medicare.

"Adequate cash benefits and medicare cannot both be financed through a social security tax," Byrnes said. "Adoption of the Senate amendment would make it impossible, as a practical matter, to adjust cash benefits in order to meet increase in the cost of living. Cash benefits under social security would be 'frozen.'"

Meantime, the federal-state Kerr-Mills is paying part or all of the costs of medical care, including hospitalization, for thousands of aged Americans who need such help.

IN MEMORIAM

HAROLD M. FOX, M.D.

Harold M. Fox, M.D., 66, Portland physician for 32 years, died September 19, 1964.

A graduate of the University of Michigan Medical School, Doctor Fox interned at St. Mary's Hospital, Grand Rapids, and practiced a year in Owosso before moving to Portland.

CHARLTON A. MACPHERSON, M.D.

Charlton A. Macpherson, M.D., former St. Clair physician, died September 3, 1964, in Louisville, Kentucky, where he had lived for the past several years.

Doctor Macpherson was a graduate of the University of Toronto medical school and served his internship at Harper Hospital, Detroit. He began his practice in St. Clair in 1915 and practiced there until his retirement in 1948 because of ill health. He was on the staff of St. Clair Community Hospital.

Doctor Macpherson was a Retired Member of the Michigan State Medical Society and was a member of Rotary International.

ALEXANDER R. McKINNEY, M.D.

Alexander R. McKinney, M.D., 79, Saginaw physician, died August 29, 1964.

A 1907 graduate of the University of Michigan Medical School, Doctor McKinney interned at a Pittsburgh hospital before beginning his practice in Saginaw in 1908. He served in Saginaw for nearly 54 years until his retirement in 1962, beginning his career as a general practitioner and later specializing in ophthalmology.

Doctor McKinney was a Life Member of the Michigan State Medical Society, and a Fellow of the American College of Surgeons and of the American Academy of Ophthalmology and Otolaryngology. He also held membership in many other professional organizations.

RAYMOND L. PAINE, M.D.

Raymond L. Paine, M.D., 56, Negaunee health officer, died unexpectedly August 28, 1964.

Doctor Paine was graduated from the University of Michigan Medical School and served his internship there, followed by a period on the surgery staff at University Hospital.

Doctor Paine practiced in Negaunee from that time until his death, excepting a period of military service during World War II. He had been municipal health officer in Negaunee since 1950.

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Nu Sigma Nu Medical Fraternity. He was on the staff of Bell Memorial Hospital, and was its chief of staff in 1961. He was also a member of the board of trustees at Morgan Heights Sanatorium.

PAUL S. RUTHERFORD, M.D.

Paul S. Rutherford, M.D., 50, Kalamazoo pathologist, died September 2, 1964.

Doctor Rutherford received his medical degree rom Queen's University in Kingston, Ontario, in 1940. He completed postgraduate work in pathology at the University of Toronto, Kingston General Hospital and Mayo Clinic.

Doctor Rutherford had been Borgess Hospital pathologist since 1956. He was also pathologist for Dowagiac Hospital. He was a Fellow of the College f American Pathologists.

MARVIN D. UTLEY, M.D.

Marvin D. Utley, M.D., 42, of Wilmington, Delaware, former staff physician at Lapeer State Home and Training School, died August 14, 1964.

Doctor Utley was on the Lapeer staff from 1956 o 1959, when he transferred to Ypsilanti State Hospital to begin his residency in psychiatry. Subsequently he took further training at Pontiac State Hospital and Delaware State Hospital in Farnhurst, Delaware.

He was an Associate Member of the Michigan State Medical Society.

LESLIE L. WILLOUGHBY, M.D.

Leslie L. Willoughby, M.D., 88, of Marine City, died August 23, 1964.

A 1905 graduate of the Michigan College of Medicine and Surgery, now part of Wayne State University School of Medicine, Doctor Willoughby practiced in Mancelona until 1916, and in Flint from 1916 to 1956. He moved to Marine City in 1956 when he retired from practice.

He was on the staffs of Hurley, McLaren General and St. Joseph hospitals in Flint at the time of his retirement. Doctor Willoughby was a Past President of the Genesee County Medical Society and a Life Member of the Michigan State Medical Society.

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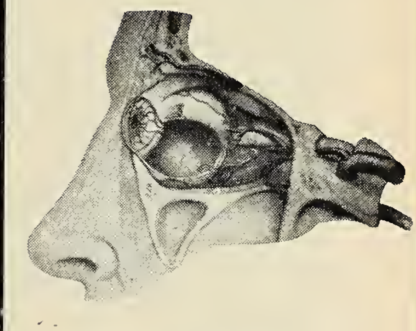

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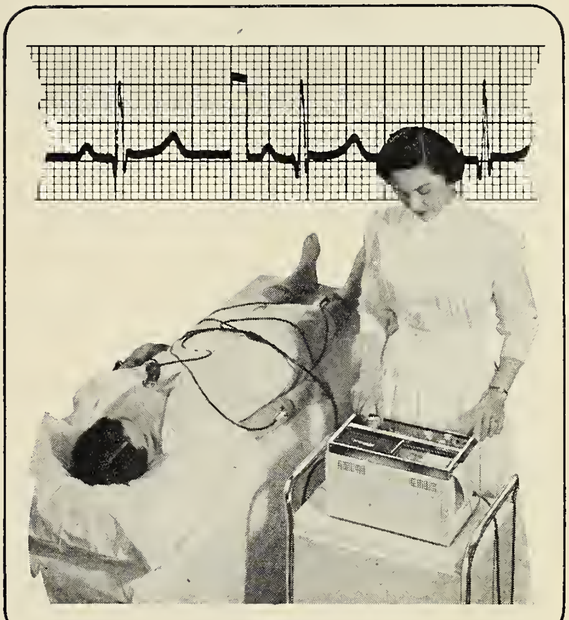

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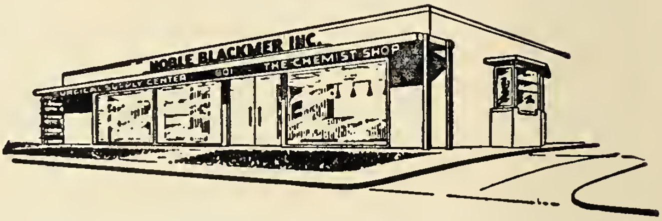

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MICHIGAN MEDICINE

the journal of the michigan state medical society

December 1964 • Vol. 63 • No. 12

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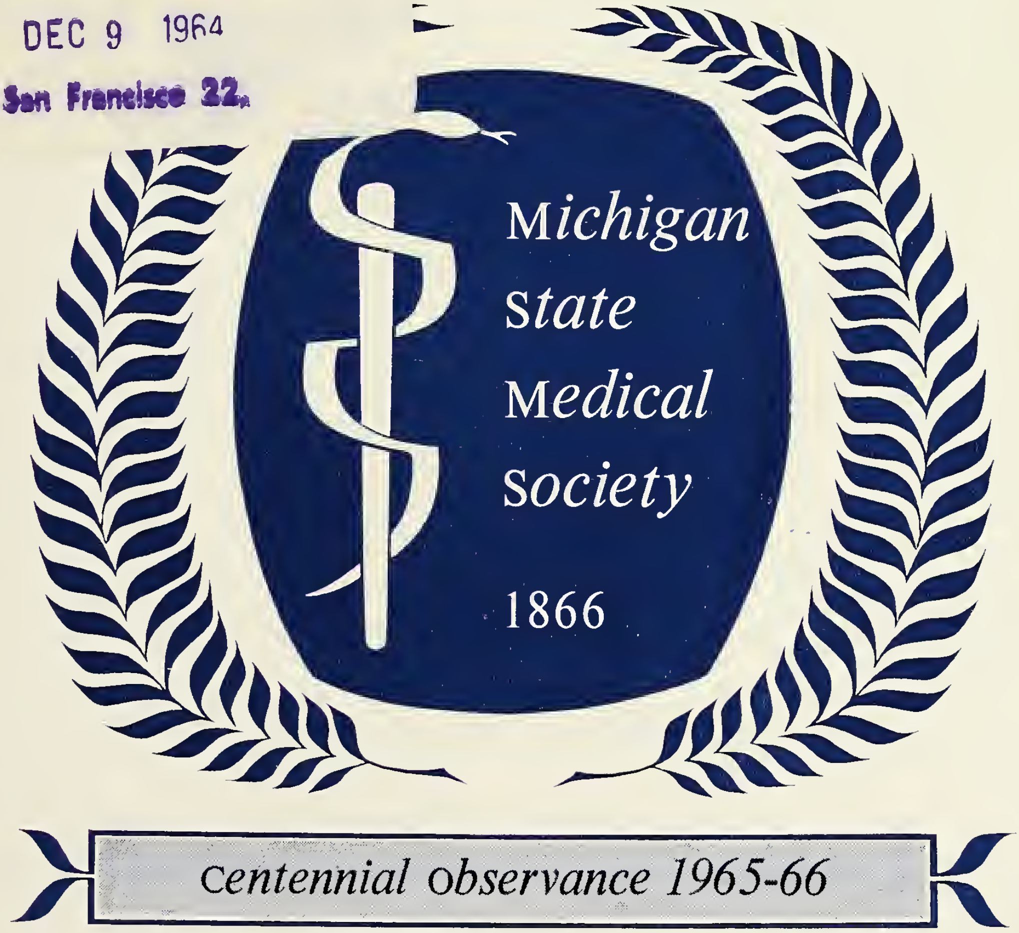
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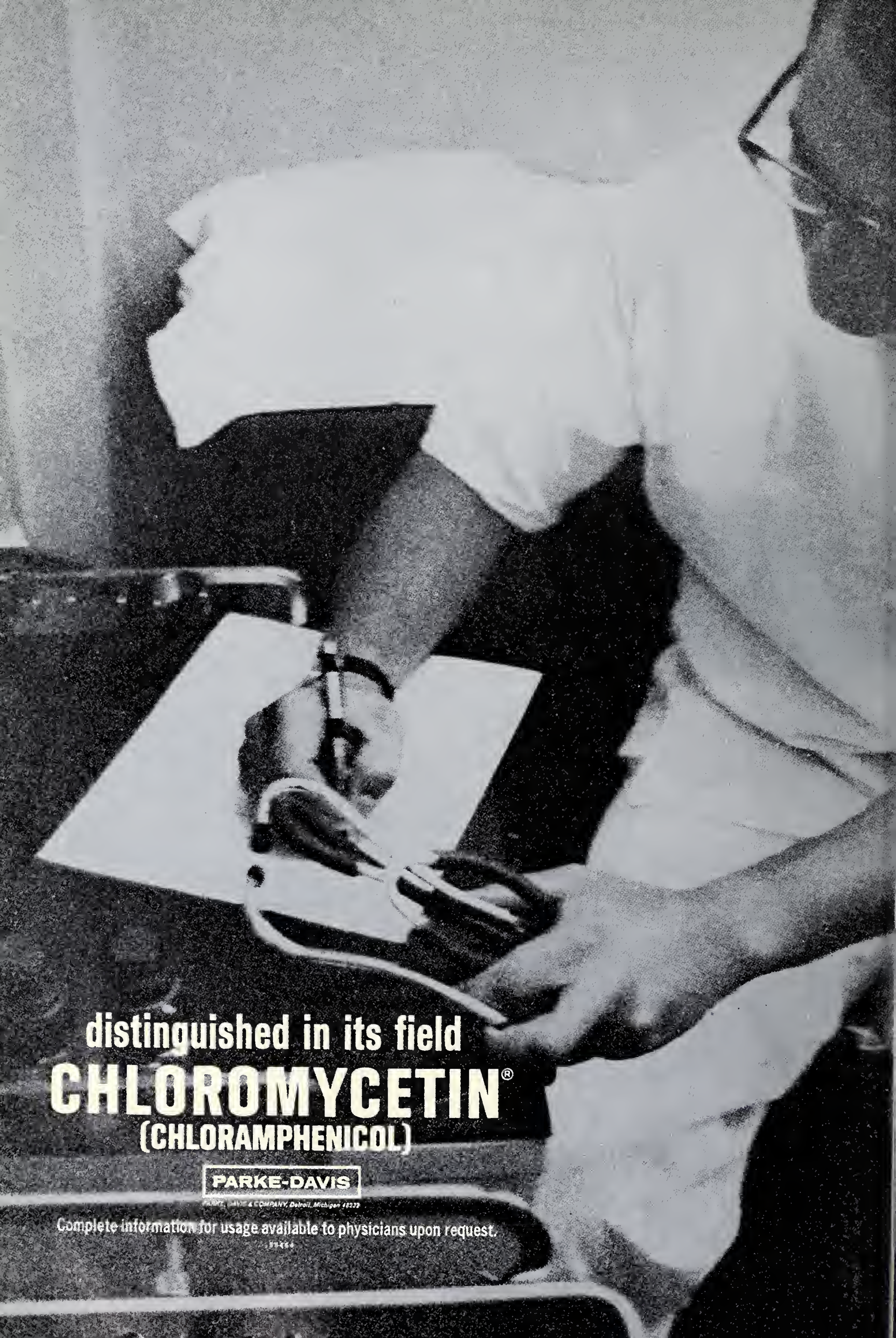

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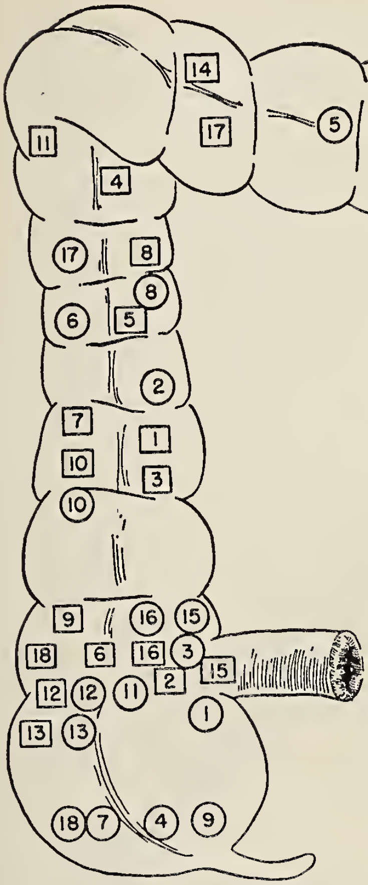

Figure 3-25. *Location of cancer and simple adenomas in resected cancers of the right colon. Squares locate cancers; circles, adenomas.*

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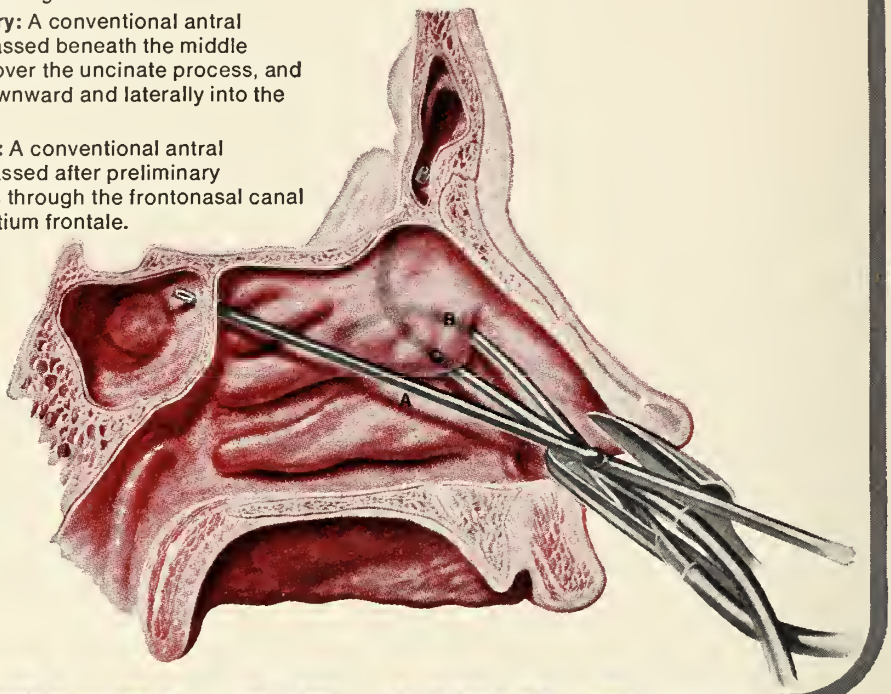

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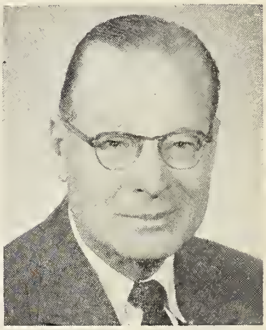
President's Message

Planning Medicine's Future

By Oliver B. McGillicuddy, M.D.
MSMS President

Seven hundred doctors work for the Michigan State Medical Society and its seven thousand members. They serve on one or more of the sixty committees of the Society and attend most of their committee meetings.

Some of these doctors, officers and councilors spend twenty to thirty days and nights a year. A few committee chairmen and their committee members spend half this much time. Why? Why do these doctors take time from their practices, their families and their leisure activities? Obviously they are dedicated individuals who are gratified by the contribution they are making to organized medicine.



* * *

What of the other ninety per cent of the membership? Many are giving nearly as much time working for their county societies and on hospital committees. Some are deeply involved in civic and community enterprises or vigorously supporting their churches and schools.

Some doctors think they are literally too busy caring for the sick to have time for anything else; however, many of the most devoted workers in organized medicine have just as large practices.

A great many of these workers have served for years. There is a crying need for young blood not only in the State Society but in local activities, civic as well as medical.

On a current survey of the problems of state medical associations there is a discouraging repetition of the question, "How do you interest young doctors in the problems of organized medicine?"

* * *

The future of medicine belongs to the young and their help is needed in planning and fighting for that future.

All they need to do is to show an interest and be willing to give some of their time and they will find both in civic organizations and in their county and state medical societies that they will be received with enthusiasm. Then they will know the gratification that comes from having a part in the planning of medicine's future.

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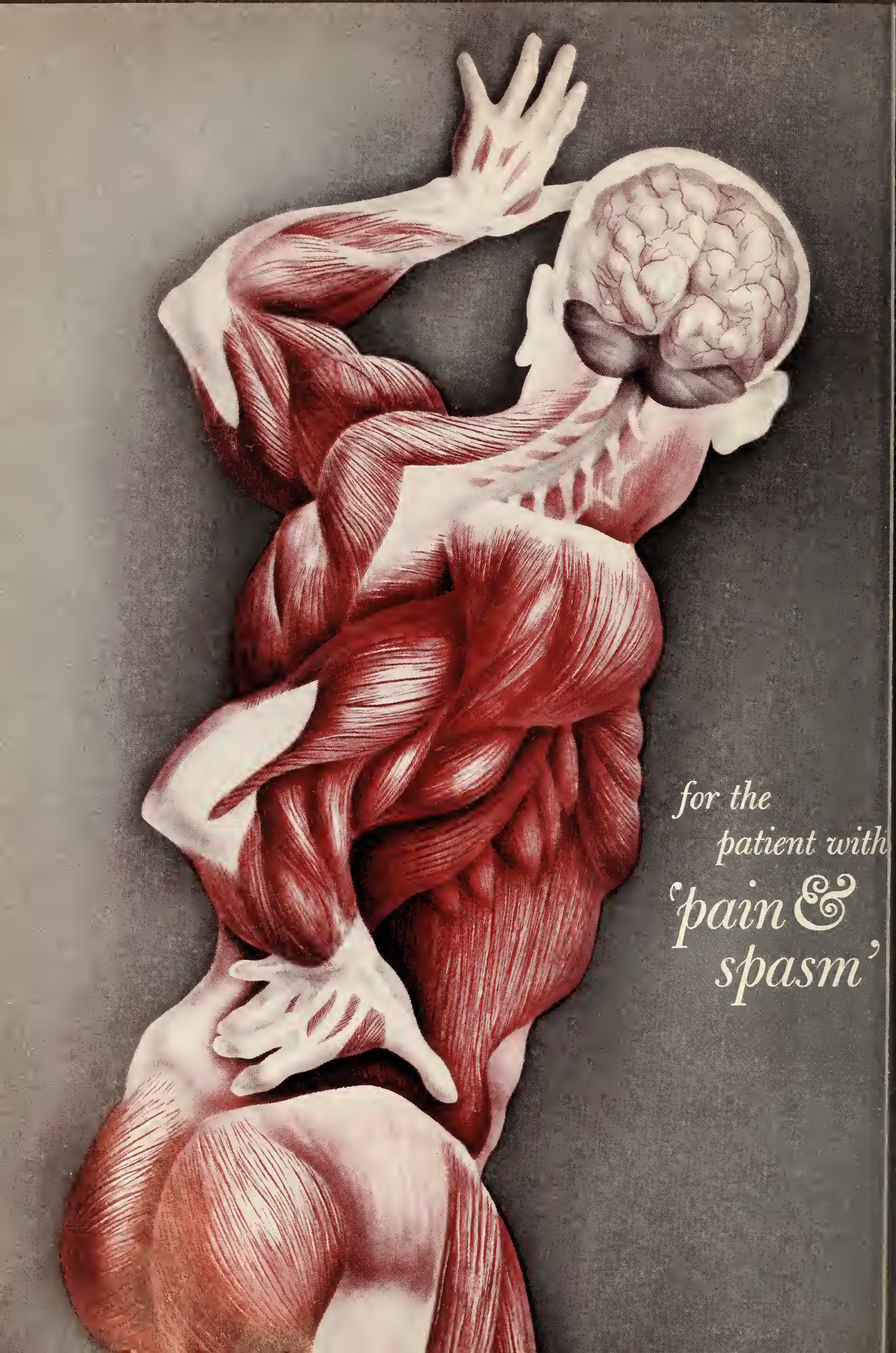
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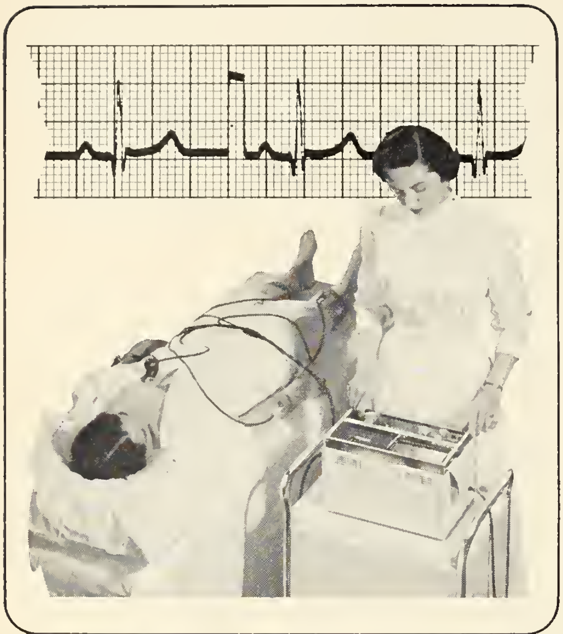

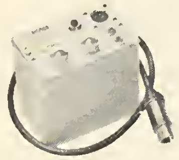

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NEWS BRIEFS

Nine countries of Europe were visited by **Mary Cretens, M.D.**, director of the Delta Menominee Health Department, with 28 doctors on a public health and health education tour.

Nicholas Lentini, M.D., Cheboygan, received a plaque-mounted electric clock from the Cheboygan County Unit of the American Cancer Society in appreciation of his 20 years of service as Medical Chairman.

A 40-member citizens advisory committee for the Fenton area schools is being led by Chairman **Ralph Ettinger, M.D.**, Fenton. The study of four school districts will end early in 1966.

Chrysler has named **Monroe S. Lechner, M.D.**, East Detroit, as group medical administrator-power train. He will be responsible for advising, counseling and directing medical departments in 16 plants in the Chrysler Power Train Group in Michigan, Indiana and New York.

Governor Romney recently renamed **Roger W. DeBusk, M.D.**, Detroit, and **John R. Rodger, M.D.**, Bellaire, to the Michigan Advisory Hospital Council for 4-year terms. The appointments require Senate confirmation.

John W. English, M.D., Marquette, discussed "Diagnosis and Medical Management of the Heart Attack Patient" at a conference of Upper Peninsula nurses at Marquette. **Paul Clodfelder, M.D.**, Grand Rapids, participated in a closed chest cardiac resuscitation demonstration there.

M. K. Newman, M.D., Detroit, delivered addresses at the annual meeting of the Wisconsin Society of Internal Medicine, Delavan, Wisconsin, on October 10, about "Chemistery of Muscle Disease," and "Clinical Management of Chronic Muscle Disease—Rehabilitation."

A series of eight weekly lectures about "Psychopharmacology" is being given at the Sinai Hospital, Detroit, by **E. F. Domino, M.D.**, U-M professor. The series continues Wednesday nights through December 30.

One of 12 Air Force ROTC Outstanding Service Awards in the nation was given to **James S. Feurig, M.D.**, East Lansing. A former flight surgeon, Doctor Feurig was cited for continued support of the Air Force ROTC at MSU.

David C. Boyce, M.D., Grand Rapids, was elected a vice president of the Flying Physicians Association at the annual meeting in Palm Springs. The Association was founded in 1954 to promote general aviation safety and to assist in the nation's civil defense effort.

Clarence L. Candler, M.D., Detroit, who served as treasurer of the Wayne County Medical Society for the past 14 years, resigned recently because he is moving to St. Clair to live and engage in limited practice.

George E. Moore, M.D., director of the Roswell Park Memorial Institute at Buffalo, speaker at the 1964 Michigan Clinical Institute, recently received the 1964 Bronfman Prize for Public Health Achievement at the annual meeting of the American Public Health Association.

Reed O. Dingman, M.D., has been appointed head of the newly-established Section of Plastic Surgery in the Department of Surgery at the University of Michigan Medical School and University Hospital. Dr. Dingman has been a member of the U-M faculty since 1933.

L. Jerome Fink, M.D., Pontiac, discussed "Detecting Early Symptoms of Mental Illness" at a Grand Rapids conference on "Problem Behavior in Industry—Early Recognition and Followup," sponsored by the Michigan Society for Mental Health.

A review of cancer research was presented by **W. Alan Chickering, M.D.**, Berrien County Medical Society President, at a meeting of the Scientific Research Society of America at the Whirlpool Research Laboratories in St. Joseph.

James H. Beaton, M.D., Grand Rapids, is the first president of the newly-organized Dr. Frank Doran Foundation for Medical Education at Grand Rapids. The non-profit foundation to promote medical education and research honors Doctor Doran, who recently retired after many years as chief of staff at St. Mary's Hospital. Other Foundation officers include **Joseph R. Lentini, M.D.**, Vice President.

Armada recently paid its thanks to **Allen B. Bower, M.D.**, who has practiced there for 50 years, at an open house at the Armada High School.

Gerald P. Hodge, associate professor of medical illustration in The University of Michigan Medical School, has been elected president of the Association of Medical Illustrators, an international organization.

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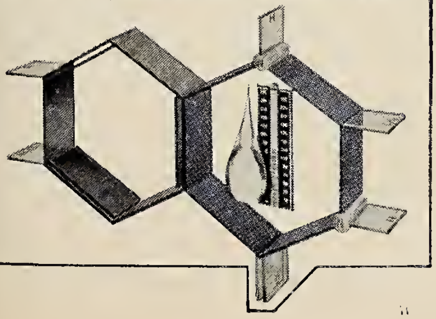

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CONTRAINDICATION: Anuria.

1. Steigmann, F., and Griffin, R.: Evaluation of Quinethazone, a New Diuretic. J. Amer. Geriat. Soc. 11:945 (Oct.) 1963.
2. Schwartz, M.: Office Evaluation of a New Diuretic in Patients with Hypertensive Diseases. Scientific Exhibit Presented at the Clinical Meeting of the American Medical Association, Los Angeles, California, Nov. 25-28, 1962.

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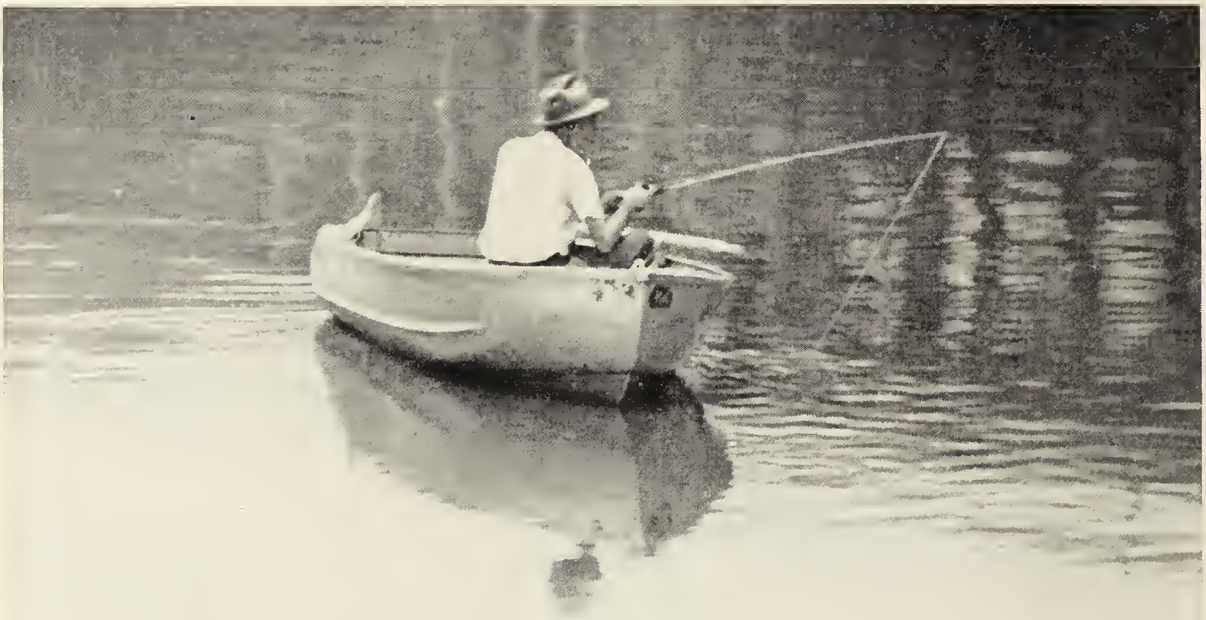

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> *"The average practitioner is quite capable of handling the vast majority of ex-institutionalized patients by regulation of medication, reassurance, manipulation of the environment where necessary, and . . . other technics."* Kline, N.S.: Postgrad. Med. 27:620 (May) 1960.

The family physician must often assume responsibility for the discharged mental patient. Thorazine (chlorpromazine, SK&F) can be a valuable adjunct to the continuing care of this patient, because it helps prevent relapses by insulating him from the impact of stressful experiences. For successful rehabilitation and prevention of rehospitalization, however, the former mental patient—and often his family—also needs the guidance and counsel of his physician.

Many physicians are surprised by the high doses of Thorazine (chlorpromazine, SK&F) used in patients released to their care from mental hospitals. This surprise may be expressed by a drastic reduction in dosage "to play it safe"—with serious consequences for the patient.

The successful maintenance of former mental patients requires adequate, often "high" dosage, and often for prolonged periods of time. Fortunately, these dosages do not mean greater risks for the patient. On the contrary, there is much less risk of serious side effects once a patient has become gradually accustomed to Thorazine (chlorpromazine, SK&F)—*regardless of dosage*—over a period of a few months. Continuing therapy is almost always well tolerated, and is essential to most patients' continued well-being.

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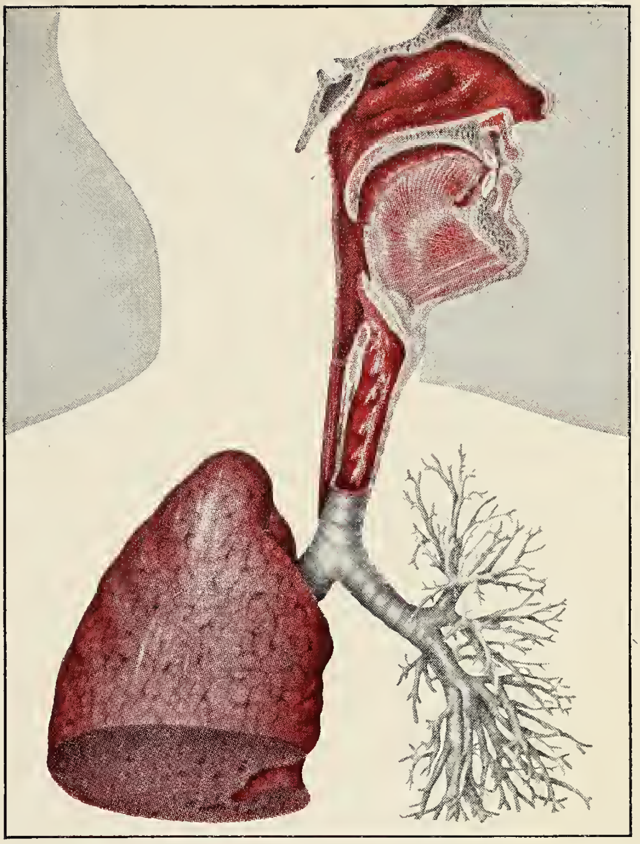

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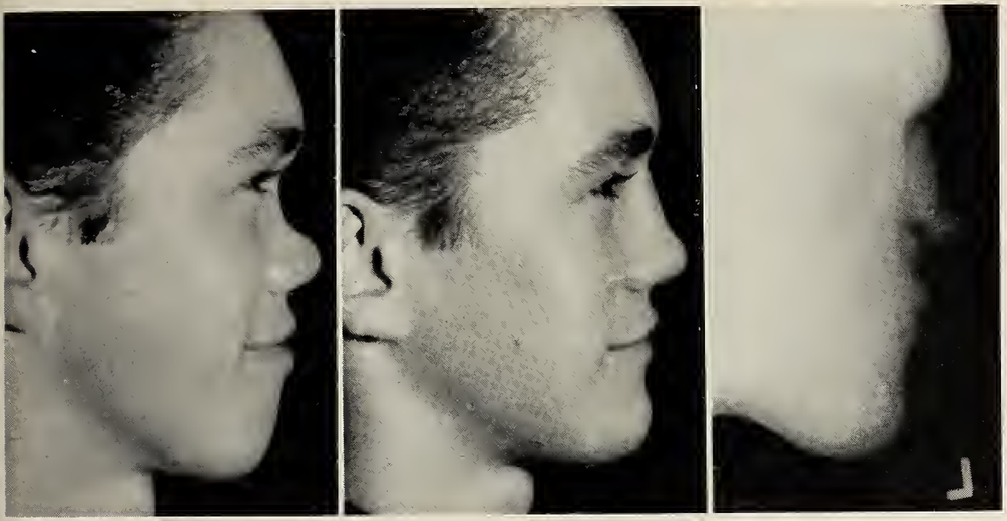

See Page 859 for this case

TRAUMATIC DEFORMITIES OF THE NOSE

By G. JAN BEEKHUIS, M.D.
Detroit

INTRODUCTION

The nose, as an integral part of the upper respiratory tract and as a major component of the facial features, has many functions. These have to do with respiration, phonation, olfaction, filtration of inspired air and drainage. As a noticeable feature of the face, the nose also has the aesthetic purpose of appearance. In evaluating nasal dysfunction and performing nasal surgery, the physician must keep in mind all of these functions.

Today, many of our patients are no longer satisfied with merely having an open nasal passage. They also would like to breathe comfortably and in addition, to have a nose which is in harmony with other facial features.

* * *

IT IS IMPERATIVE that the rhinologist who deals with nasal function utilize the surgical principles of rhinoplasty. In a large number of cases, it immediately becomes apparent to the trained eye that patients with nasal dysfunction also have major or minor nasal deformities. Some of these may not be grossly obvious but are nevertheless real and can lead to nasal dysfunction. From an aesthetic standpoint, they can be of great concern to the patient.

ETIOLOGY

The etiologic factors involved in nasal deformities arc:

1. *Hereditary Factors.*—Many nasal deformities, e.g., hump deformities, cleft tip, etc., are inherited.

SCIENTIFIC PAPERS

Doctor Beekhuis is Professor and Chairman, Department of Otolaryngology, Wayne State University, School of Medicine.

Most of these do not become obvious until after puberty.

2. *Racial Factors.*—The classic Greek nose has no naso-frontal depression and a straight dorsum on profile view; the classic Roman nose has a slightly convex dorsum. It is generally agreed that the semitic races are more prone to a dorsal hump and to septal deviation. The negroid nose has a flat, broad dorsum with wide flaring alae.

3. *Trauma.*—The nose, as the most exposed and prominent feature of the face, is vulnerable in most facial injuries. Nasal trauma leading to subsequent nasal deformities, may be classified in three groups:

A. Major trauma in adulthood
B. Prenatal and childhood trauma
C. Iatrogenic (generated by the physician)

A. MAJOR TRAUMA IN ADULTHOOD

There is no doubt that fractures and dislocations of the nasal bones and cartilages and the nasal septum are very common. Becker[1] found that in a study of 135 cases of nasal trauma, 100 presented fractures. In adults most of these deformities are readily visible to the patient and to the physician. Allowing for ecchymosis and edema, the patient notices a change in the appearance of the external nose and some airway obstruction. The optimum time to correct these deformities is either in the immediate post-traumatic period or as soon as possible after edema has subsided so that careful visual examination and palpation can be carried out.

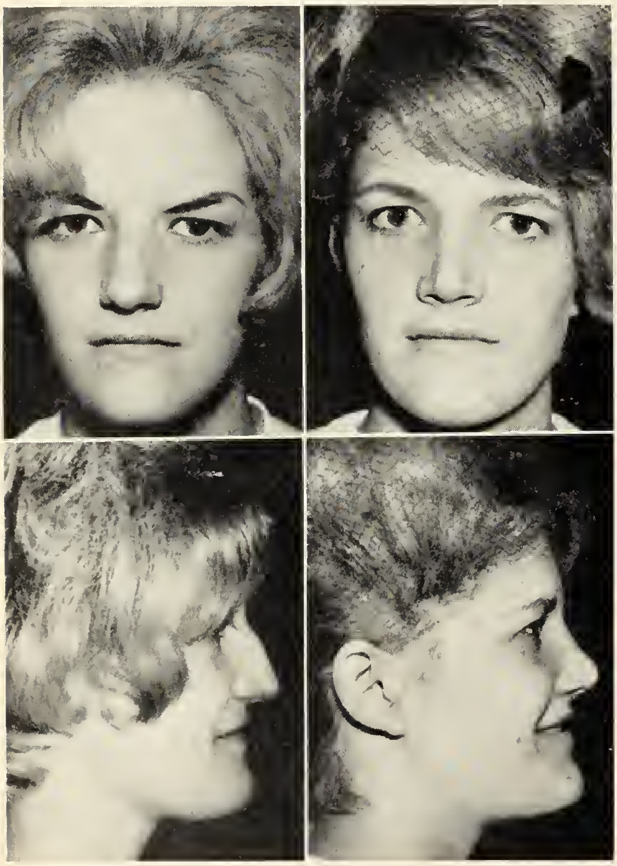

Fig. 1. Preoperative and postoperative views; Case M.G.
History: Nasal trauma.
Examination: External deviation to the right, septal deviation, bony and cartilaginous hump formation. Small nasal labule angle.
Procedure: Septal reconstruction, removal of hump, medial and lateral osteotomies and tip reconstruction.

* * *

THE PRINCIPLES of the early reduction of nasal fractures will not be discussed in this paper.[2] However, it should be pointed out that many of these injuries are associated with injuries of the nasal septum and that these should be corrected simultaneously. The realignment of fragments in the nasal septum is important not only from a functional airway standpoint but also because it gives the necessary support for the nasal dorsum.

"As the nasal septum goes, so goes the nose."[3] This concept has been stressed by many authors[1,4,5] and its importance is obvious to anyone interested in nasal and septal reconstructive surgery. The nasal framework and septum may be likened to a tent, the septum forming the central supporting tent pole. In nasal fractures where the nasal bones have lost their attachments, the central supporting framework becomes doubly important.

Unfortunately, many of these nasal injuries are ignored by the physician or the patient or both, and in time multiple nasal deformities with all their sequelae are the result. Once the individual fractured elements have healed in a new position, it becomes necessary to free completely all elements and realign them in their proper position. Consequently a complete nasal and septal reconstruction is indicated. In these cases the surgeon cannot ignore either the functional airway problem or the aesthetic appearance. Both are related and can be corrected simultaneously.

* * *

COMMON SEPTAL deformities are: dislocation of the anterior end of the quadrilateral cartilage, inferior dislocations of the cartilage resulting in a large spur near the floor of the nose and minor or major septal deflections, obstructing one or both nasal cavities (Figs. 2, 3 and 4).

As will be pointed out under iatrogenic causes, it is important that correction of these septal deformities be handled conservatively. Wide resection of the nasal septum which gives a perfectly cosmetic septum may seriously hamper the subsequent correction of the external nose and may lead to further deformities. In these cases, it is imperative to resect as little as possible of the septal framework and it is definitely preferable to liberate the dislocated or deviated portion and return it to its natural position. The end result may not always be a perfectly smooth, straight septum, but this is not necessary or even desirable as long as the nasal

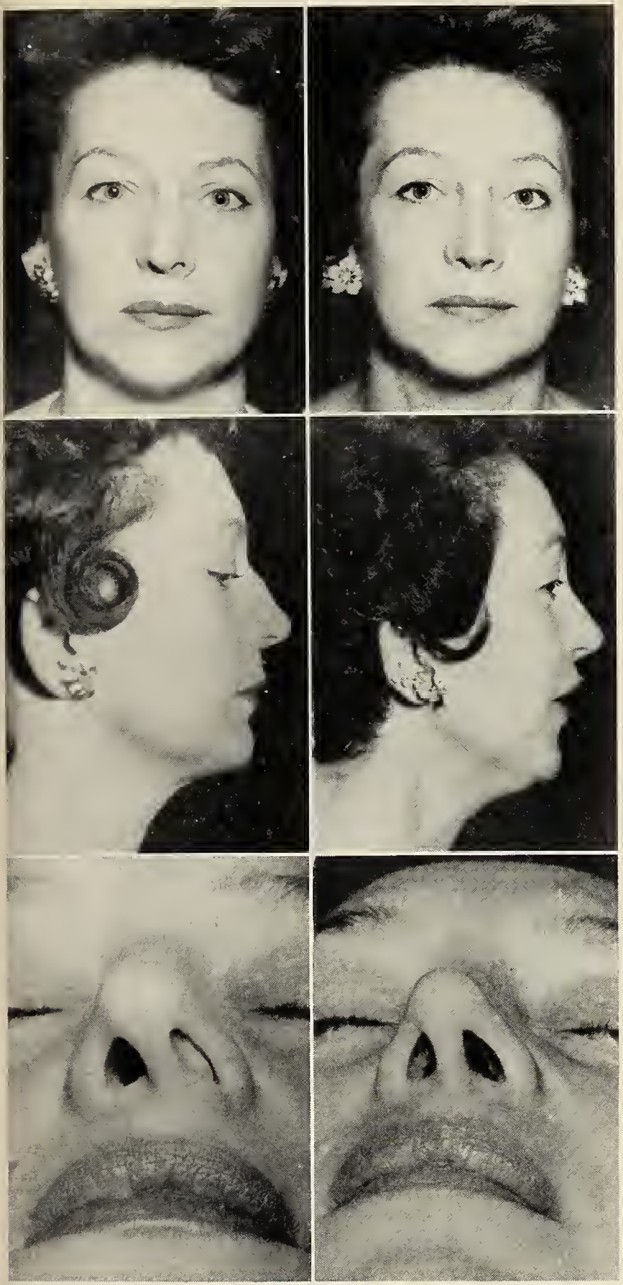

Fig. 2: Preoperative and postoperative views; Case E.P.
History: Previous nasal trauma and surgery; almost complete obstruction, left nostril.
Examination: External deviation to right; small bony exotosis on left lateral nasal wall, asymmetry of tip, small bony hump and a relative saddling. Marked septal dislocation to left. Septum buckled and large perforation present.
Procedure: Septal reconstruction, hump removal, osteotomies and infracture, removal of exotosis, tip reconstruction.

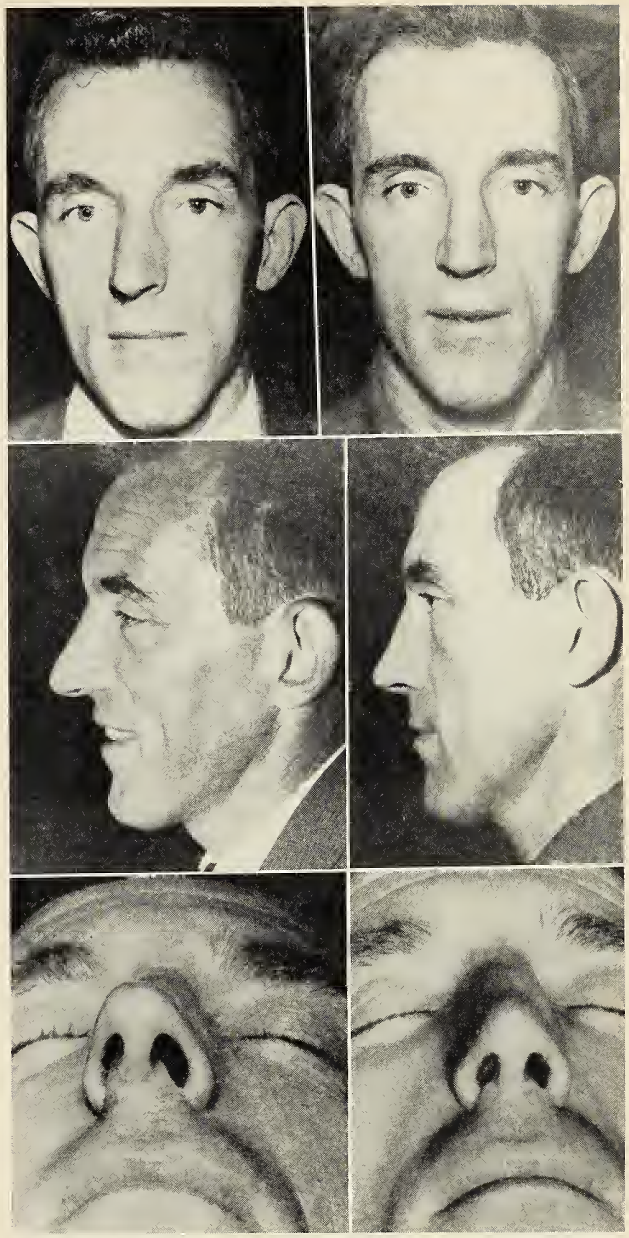

Fig. 3. Preoperative and postoperative views; Case C.B.
History: Nasal trauma; difficulty breathing through right nostril.
Examination: Marked external deviation to the right. Large nose with drooping tip, septal dislocation to the right and deviation to the left. Asymmetry of top.
Procedure: Septal reconstruction, osteotomies and infracture, tip reconstruction.

airway is completely adequate. Very few so-called normal noses have a perfectly straight septum.

Some of the more common nasal deformities resulting from this type of trauma are: External deviation of the nasal pyramid (Figs. 1 and 3), malunited bony spicules (Fig. 2), separation of the nasal bones in the midline with a broadening of the bridge of the nose, saddling deformities (Figs. 4 and 5), and hump formation (Figs. 6, 7 and 8). In attempting a correction of these deformities, the first prerequisite is a careful analysis of all aspects of the nasal deformity. This can be accomplished by careful visual examination, palpation and analysis of preoperative photographs taken in standard views, illustrating the front view, base view, and profile view, both smiling and sober. From photographs it is possible for the surgeon to sketch in the desired changes, taking into consideration both his own concepts of a normal appearing nose and its relationship to the other facial features as well as the desires of the individual patient. He can then form an opinion as to the degree of deviation from the midline position, amount of hump to be removed, extent to which a saddling deformity should be built up, etc.

Almost invariably in these cases, a complete rhinoplasty is indicated—freeing up each individual

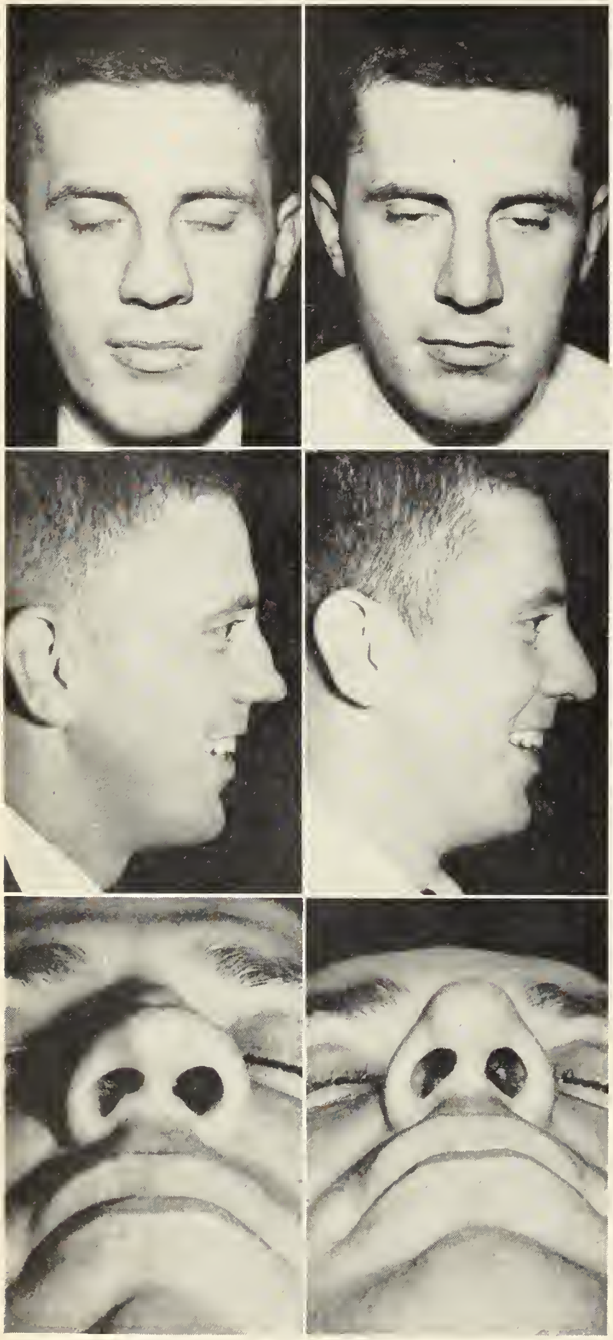

Fig. 4. Preoperative and postoperative views; Case J.B.
History: Nasal injury as a child. Submucous resection at age 16 with subsequent broadening of nose and difficulty breathing.
Examination: Broad, flat nose, small bony hump, saddling of cartilage dorsum, asymmetry of tip and nostril, retracted columella, residual septal deflection.
Procedure: Septal reconstruction, hump removal osteotomies, upper lateral cartilages freed up from septum, tip reconstruction and use of Silastic implant in dorsum.

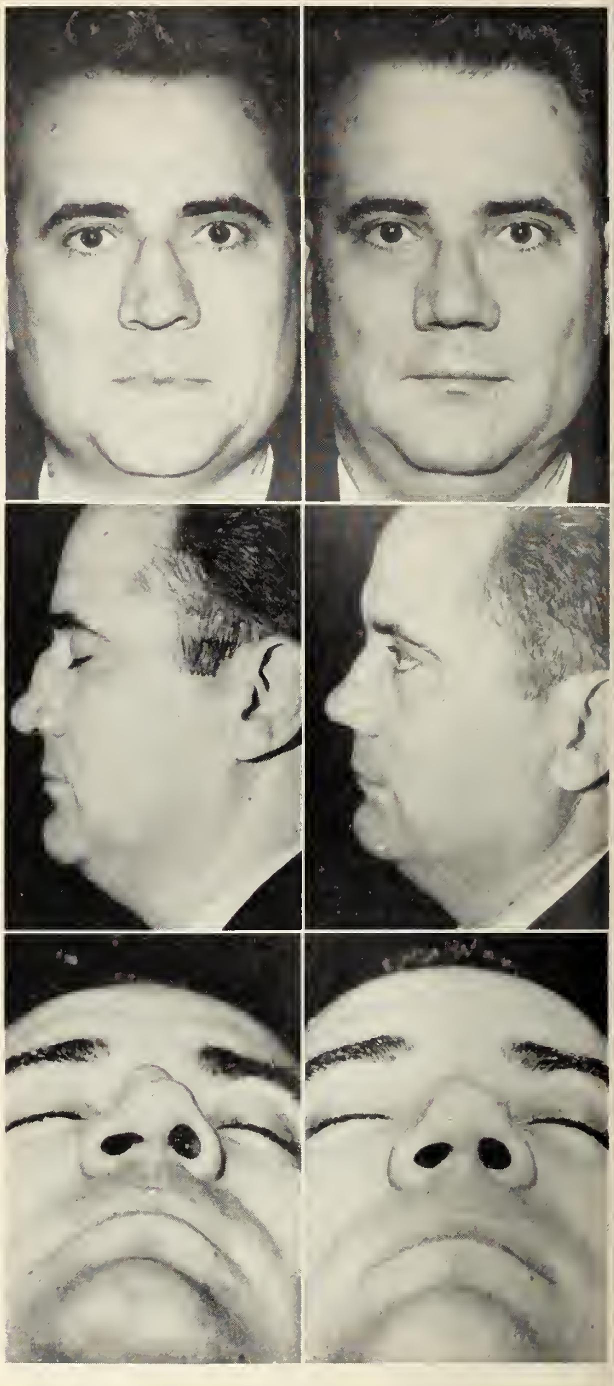

Fig. 5. Preoperative and postoperative views; Case C.K.

History: Nasal trauma and previous nasal surgery followed by hemorrhage with resultant nasal deformity and difficulty breathing through the left nostril.

Examination: Marked deformity of nose with complete asymmetry of bony, upper lateral and tip elements. Marked nasal hump, severe cartilaginous saddling, retracted columella, septum deviated to the left, asymmetry of alae.

Procedure: Septum exposed and found to have had previous submucous resection with a dislocated vomer present: this was returned to the midline position. Hump was removed, osteotomies and infracture performed, upper lateral cartilages realigned and sutured together in midline, tip reconstruction, saddle deformity corrected by use of excised cartilage and bone.

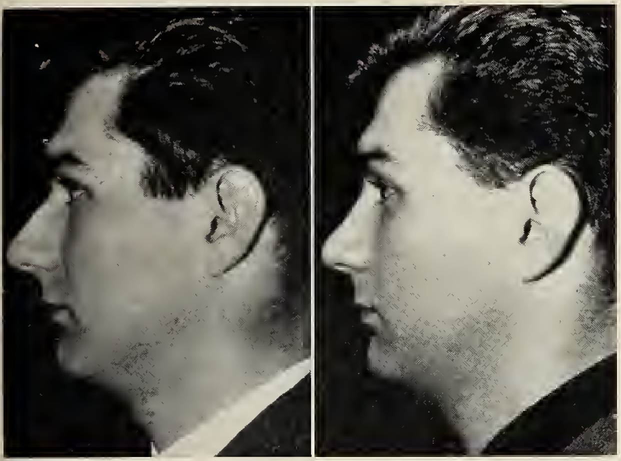

Fig. 6. Preoperative and postoperative views; Case B.K.

History: Some difficulty breathing, post-nasal discharge and hump deformity.

Examination: Large nose with bony and cartilaginous hump. Web formation at base of columella.

Procedure: Removal of anterior nasal spine, septal reconstruction, hump removal, osteotomies, tip reconstruction.

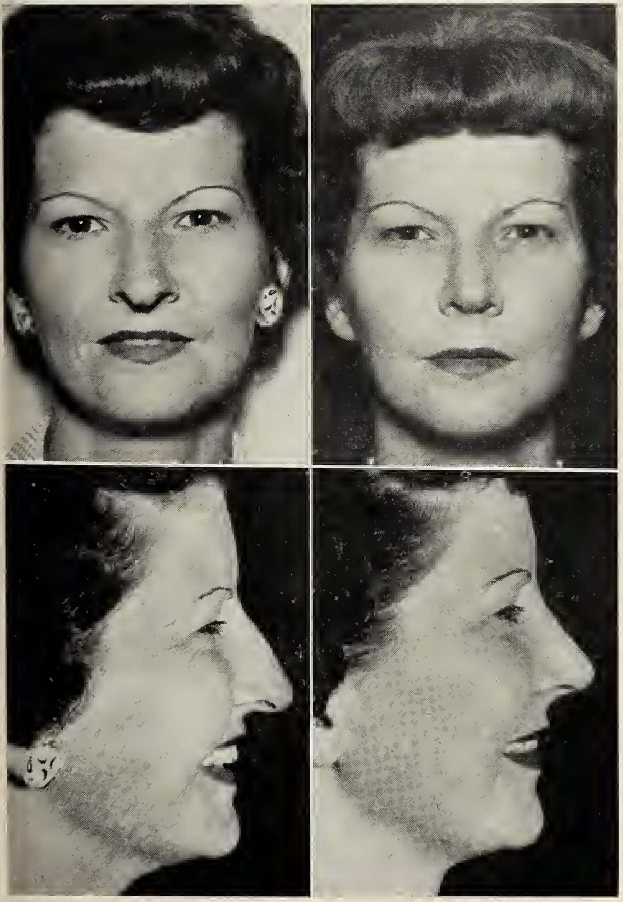

Fig. 7. Preoperative and postoperative views: Case B.K.

Examination: Bony and cartilaginous hump, drooping tip and hanging columella.

Procedure: Hump removal, osteotomies and infracture, septal reconstruction, tip reconstruction.

component, namely the nasal bones, the upper lateral cartilages and the alar cartilages, after which they may be repositioned to obtain the desired functional and cosmetic result.

B. PRENATAL AND CHILDHOOD TRAUMA

As in adults, nasal trauma in children is extremely common, but frequently it is of a more minor

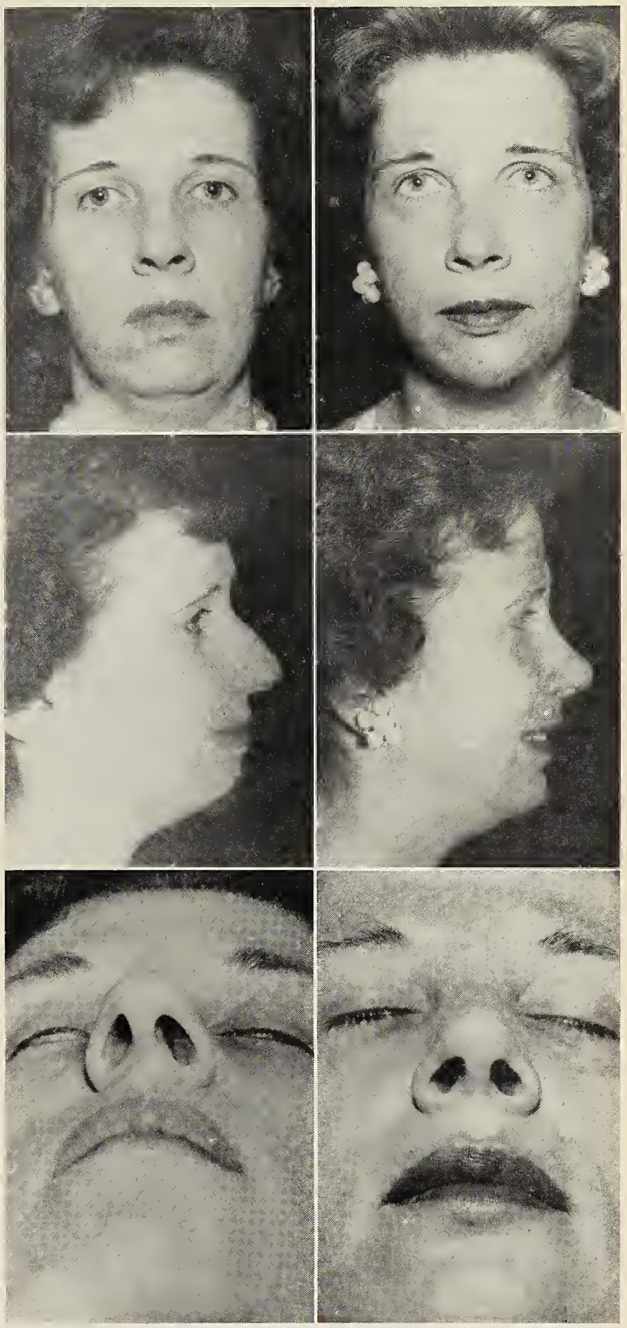

Fig. 8. Preoperative and postoperative views; Case R.B.
History: Difficulty breathing through left nostril, possible nasal trauma.
Examination: Prominent bony and cartilaginous hump, drooping tip, asymmetry of tip and columella, septum markedly deviated to the left, receding chin.
Procedure: Hump, removal, osteotomies and infracture, upper lateral cartilages freed from septum, septal reconstruction, tip reconstruction, insertion of chin implant.

nature and is often overlooked, due to the smaller size of structures involved and to the difficulty of performing an adequate examination. As the child grows, these deformities will become magnified or lead to an arrest of the growth process of the individual structures which in turn leads to pronounced defects.[6] When these become apparent, it may be extremely difficult to elicit a specific history of the original trauma, either because it was of such a minor nature or because the parents have forgotten the incident and have neglected to report it to the child.

In the prenatal period, displacement of the nose or septum may occur as a result of forces acting on the nose during the latter months of intra-uterine life. During labor, injuries may occur as a result of improperly applied forceps blades or other manipulations.[7] In these cases, there may be a lateral displacement of the nose or of the septum or both. Many such traumata are confined to the cartilaginous structures. Some of these dislocations return to their normal position without manipulation but others may have to be rocked into place with a minimum of trauma or surgical intervention.

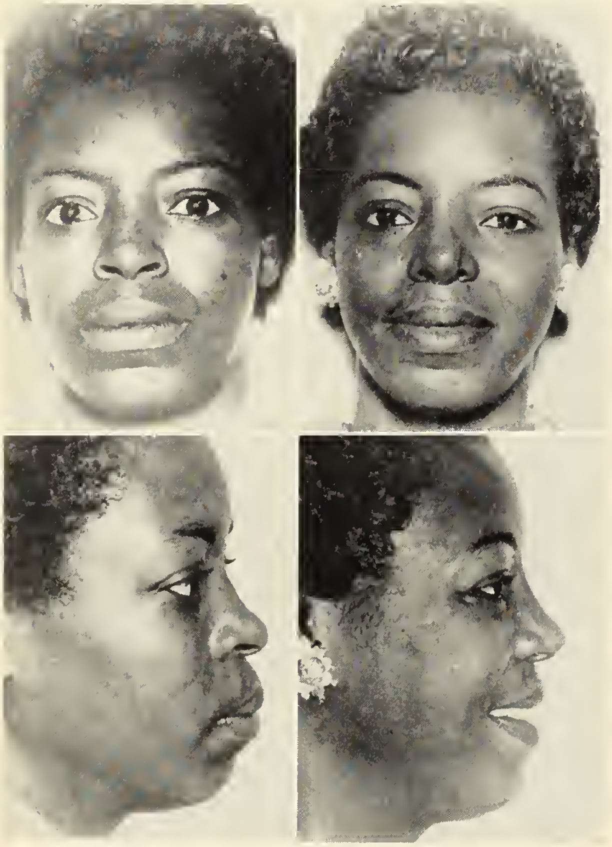

Fig. 9. Preoperative and postoperative views; Case H.I.

History: Nasal trauma with difficulty breathing.

Examination: Broad, flat nose with relative saddling of the dorsum, drooping tip, wide, flaring alae with large horizontal nostrils, receding chin.

Procedure: Osteotomies, tip reconstruction, insertion of dorsal Silastic implant and of Silastic columellar strut, narrowing of alae, insertion of chin implant.

* * *

DURING INFANCY and childhood, the nose continues to bear the brunt of multiple minor injuries. Most of these do not result in any visible deformity; there may only be occasional epistaxis or edema, but all play their role in the ultimate configuration and function of the nose. X-rays are seldom reliable in these cases, especially in children. Furthermore, some types of nasal trauma may lead to septal hematoma or septal abscess with necrosis of the cartilage. These cases require early incision and drainage. If left untreated, this results in a flattening or saddling of the cartilaginous vault and widening of the base of the lobule (Figs. 9, 10, 11 and 12).

Where marked septal deviations are present in childhood with gross obstruction of the airway, correction should be made.[8] Routine submucous resection, however, is absolutely contraindicated. The procedure of choice is a realignment of the dislocated or deviated septal cartilage to its normal position. By far the majority of these septal deflections involve only the cartilaginous portion and it is therefore not necessary to manipulate the bony septum. In carefully controlled groups of cases with long periods of follow-up, it has been shown that conservative surgical intervention, as outlined above, does not result in arrest of the growth factors and in fact, by providing the natural stimulus of breathing through the nose, results in a more normal appearing nose later in life.

Where a saddling of the dorsum has occurred during childhood and a psychological problem evolves, the deformity may be corrected by inserting implants of a progressively larger size.

C. IATROGENIC

Here we are referring specifically to the late sequelae of a too radical resection of the bony and cartilaginous components of the nasal septum.

In routine submucous resections, a large part of the septal cartilage is removed, leaving only a narrow strip of cartilage superiorly along the vault and usually, but not always, a strip along the caudal border. These strips are left because the physician realizes that without them the nose has inadequate support and may collapse. These patients inevitably have an uneventful postoperative course and obtain an adequate airway. They are seen by the surgeon during the first few weeks postoperatively, and then the patient is usually on his own. The deformities resulting from this type of submucous resection usually do not occur within the first few weeks postoperatively and may not become apparent until several months have elapsed. With each succeeding year, however, they become more noticeable. Due to the gradual change, the

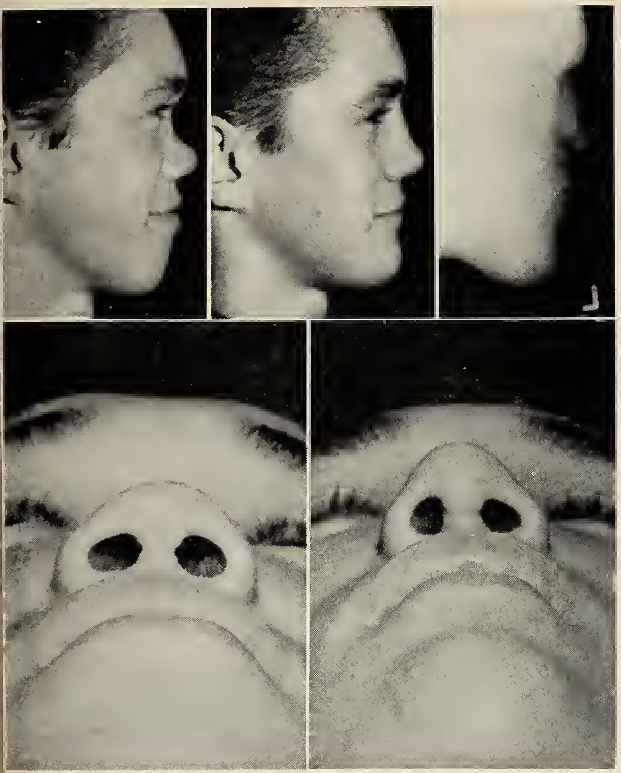

Fig. 10. Preoperative and postoperative views; Case D.H.
History: Nasal fracture at age 2½ with subsequent hemotoma and abscess formation.
Examination: Severe dorsal saddling, flat, broad tip with no septal support, retracted columella with scar, receding chin.
Procedure: Tip reconstruction and insertion of Silastic columellar strut, insertion of large dorsal Silastic implant and of chin implant.
Figure on far right (side views) illustrates x-ray view of Silastic implants.

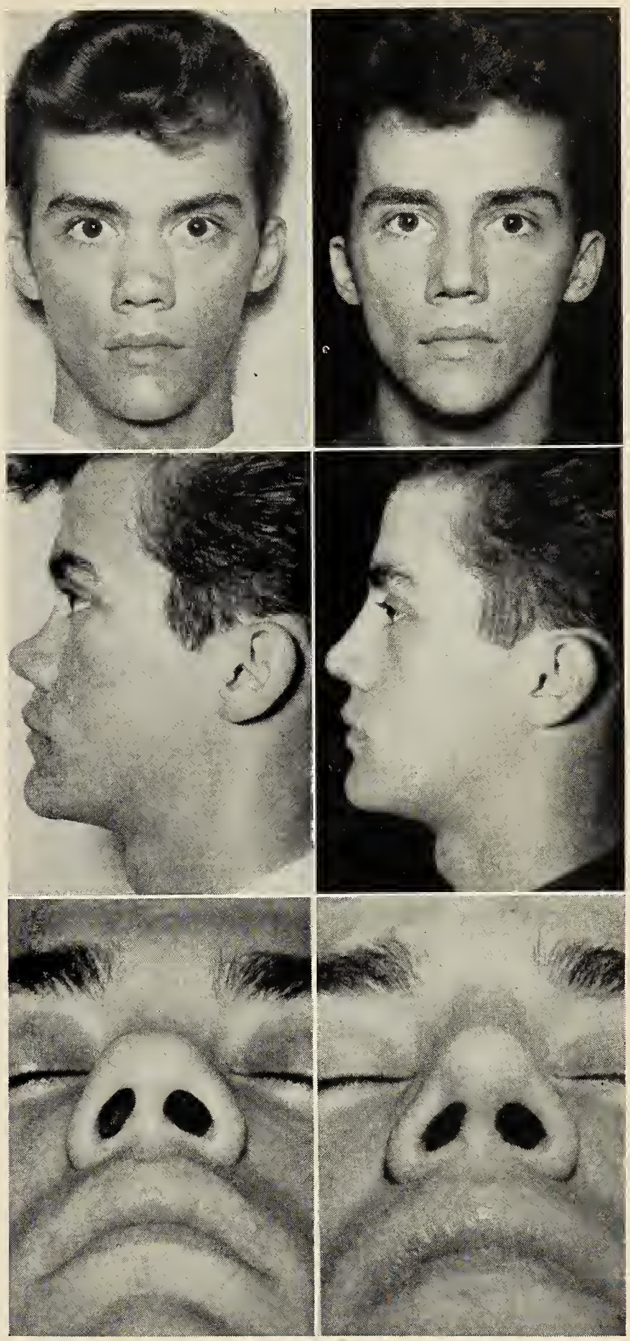

Fig. 11. Preoperative and postoperative views; Case R.S.
History: Nasal fracture at age 11.
Examination: Asymmetry of nose and tip, severe dorsal saddling, broad, flat tip with retracted columella and little septal support. Marked septal deviation to the left.
Procedure: Septal reconstruction, tip reconstruction and insertion of dorsal Silastic implant.

patient may not relate his problem directly to the preceding surgery and therefore, the original physician may not be consulted again. Many of these changes are not gross enough to be apparent immediately to the physician but they may nevertheless be of concern to the patient from both an aesthetic and a functional standpoint.

The typical changes are a mild depression or saddling of the middle one-third of the dorsum of the nose at the junction of the upper lateral cartilages and nasal bones (Figs. 2, 4 and 5). Associated with this change is a retraction of the columella and a drooping of the tip of the nose; the tip becomes more rounded and broader. On palpation the tip of the nose is devoid of support. Many of these patients will complain of difficulty in breathing and will state that they have lost the original improvement in airway, which was obtained following submucous resection. The mechanics of this can easily be demonstrated by elevating the nasal tip—the patient notices an immediate improvement in breathing ability.

* * *

IN SOME CASES, these deformities are undoubtedly due to lack of adequate support, but in others, an additional factor may be responsible: this may be the internal traction forces of healing of de-skeletonized membranes. As scar tissue contraction of the septum occurs, the results show up in the weak areas; the columella and middle-cartilage vault.

The minor deformities may be corrected by reconstruction of the alar cartilages so that they

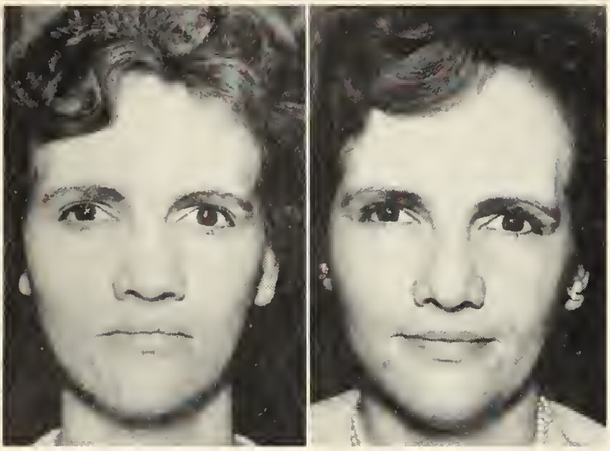

Fig 12. Preoperative and postoperative views; Case M.U.
History: Harelip, nasal trauma.
Examination: Nasal deviation and saddling of dorsum, asymmetry of tip due to trauma and previous harelip correction.
Procedure: Osteotomies, tip reconstruction, insertion of dorsal Silastic implant and revision of harelip scar.

rotate upward thereby elevating the tip and filling in the saddled area.

Due to complete lack of support, most cases will require a graft or implant in addition to a tip reconstruction. Usually osteotomies and infracture of the nasal bones must also be carried out.

The favored grafting materials are costal cartilage and iliac bone. Both, however, have distinct disadvantages. Costal cartilage has a tendency to warp and curl. Iliac bone requires an additional surgical procedure and there is a high rate of absorption and/or extrusion.

Most of the alloplastic implants have not been very successful. Recently, however, with the advent of the silicone rubber compounds and their successful use in many areas of the body, we have used this material in nasal reconstructive surgery. Our initial results with Silastic have been extremely encouraging.[9] The material is well-tolerated, shows no foreign body reaction and is seldom extruded (Figs. 4, 9, 10, 11 and 12).

SUMMARY

In evaluating nasal dysfunction and nasal appearance, it is important to consider all physiological and anatomical aspects of the nose—both the external nose and the septum. The rhinologic surgeon should correct both deformities of the nasal septum and the external nose as a unit. Conservative surgery of the septum is of utmost importance.

Causes of naso-septal deformities are: hereditary factors, racial factors and trauma. Traumatic factors have been divided into: (A) major trauma of adulthood, (B) minor trauma of infancy and childhood affecting the growth process of the nose and (C) iatrogenic, due to radical resection of septal support during submucous resection.

The correction of the resulting deformities has been briefly outlined. We have found Silastic of great help in the correction of saddle deformities.

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Michigan Well Represented At Medical Assistants Convention

A sizeable delegation of MSMAS members participated in the American Association of Medical Assistants Convention in Oklahoma City. MSMAS President Phyllis Marquardt, Kalamazoo, reports that "all the girls from Michigan were dressed in white sharkskin shifts with sailor collars trimmed in red, white and blue braid. White sailor hats featured a red hat band with Michigan printed on it!"

The Michigan delegation entertained the AAMA members at a Michigan Outdoor Party, serving wieners, cider and potato chips.

Mrs. Betty Lou Willey, St. Clair, was chairman of the Reference Committee on Constitution and Bylaws. Mrs. Reta Stahl, Albion, continues on the AAMA Board of Trustees, and Glen E. Millard, M.D., Detroit, as a member of the AAMA Advisory Committee.

Attending the meeting were Miss Marquardt, Mrs. Juanita Ferman, MSMAS President-Elect, Jackson; Mrs. Dorothy Brandis, Past President, Ingham; Mrs. Willey; Miss Marie Weatherwax, Treasurer, Washtenaw; Mrs. Stahl; Miss Cecile Rutan, Jackson; Miss Donna Hislop, Muskegon; Mrs. Dolores Kobylka, Detroit; Mrs. Betty Attaway and Miss Ilah Sehroyer, both of Flint; Mrs. Lenora Puschel, Kalamazoo; Miss Jeanne O'Toole and Louise Murray, both of Muskegon; Helen Ford and Peggy Woody, both of Oakland; Mrs. Eileen Wyatt, Bay City; Doctor and Mrs. Millard, Mr. Ferman, and Miss Helen Schick, of Blue Shield, an honorary member.

TABLE I. MICHIGAN LEUKEMIA DEATHS BY CELLULAR TYPE 1950-1961

Cellular Type	Number of Leukemia Deaths	Proportion of Total Deaths from Leukemia
Lymphatic	1,667	31.0%
Myeloid	1,271	23.6%
Monocytic	561	10.4%
Other and Unspecified	1,887	35.0%
All Types	5,386	100.0%

By DONALD C. SMITH, M.D., LOIS K. RUPKE, R.N., AND WILLIAM J. DEWEY, M.S., Ann Arbor

EPIDEMIOLOGY OF LEUKEMIA MORTALITY IN MICHIGAN, 1950-1960

The apparent increase in leukemia as a cause of death has been of considerable interest to practicing physicians in recent years. The relatively few epidemiological studies which have been carried out in various parts of the world have strengthened the impression that this fatal disease has grown more prevalent. A number of causal factors have been postulated, but as yet no specific etiological agents have been identified. It is difficult to assess how much of the apparent increase in incidence is genuine, and how much is due to the development of improved diagnostic techniques, to the increasing availability of medical facilities, and to changing characteristics of the population.

Our interest in the extent and distribution of this problem in Michigan developed from participation in the National Cooperative Leukemia Study, a project sponsored by the National Cancer Institute in which some 15 medical centers across the country participated. Final analysis of the pooled data from this cooperative study is not yet complete. In the meantime, it was decided to examine in more detail the leukemia mortality data in the State of Michigan for the period from 1950-1961.

The Michigan data were obtained from three main sources:

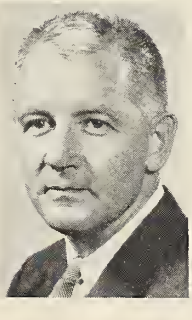
1. The annual statistical reports of the Michigan Department of Health.
2. An individual review of the death certificates filed on all Michigan residents who died from leukemia during the calendar years 1959, 1960, and 1961.
3. The National Office of Vital Statistics.

This paper will concern itself with the distribution of leukemia mortality by clinical and cellular type, geographic distribution, age, sex, race, urbanization, and temporal-spacial relationships, and will consider time trends in leukemia mortality.

DISTRIBUTION OF LEUKEMIA BY CELLULAR TYPE AND DURATION OF ILLNESS

Leukemia, as a generic term, applies to a group of diseases characterized by abnormal and excessively rapid reproduction of the leukopoietic tissues throughout the body. These diseases are commonly classified according to the type of cell undergoing abnormal change, i.e., lymphatic, myeloid and monocytic. They are further differentiated as acute or chronic, depending upon the duration of the illness. Some authorities regard acute leukemia as a distinct entity,[1] whereas others consider it to be only a more rapidly developing variety of the disease.[2]

In Table I are presented Michigan data concerning the distribution of leukemia mortality by cellular types, as recorded, for the years 1950 through 1961. As might be expected, these data lack specificity, some 35 per cent of cases falling in the "Other and Unspecified" category. Approximately



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Supported by an American Cancer Society Research Grant.

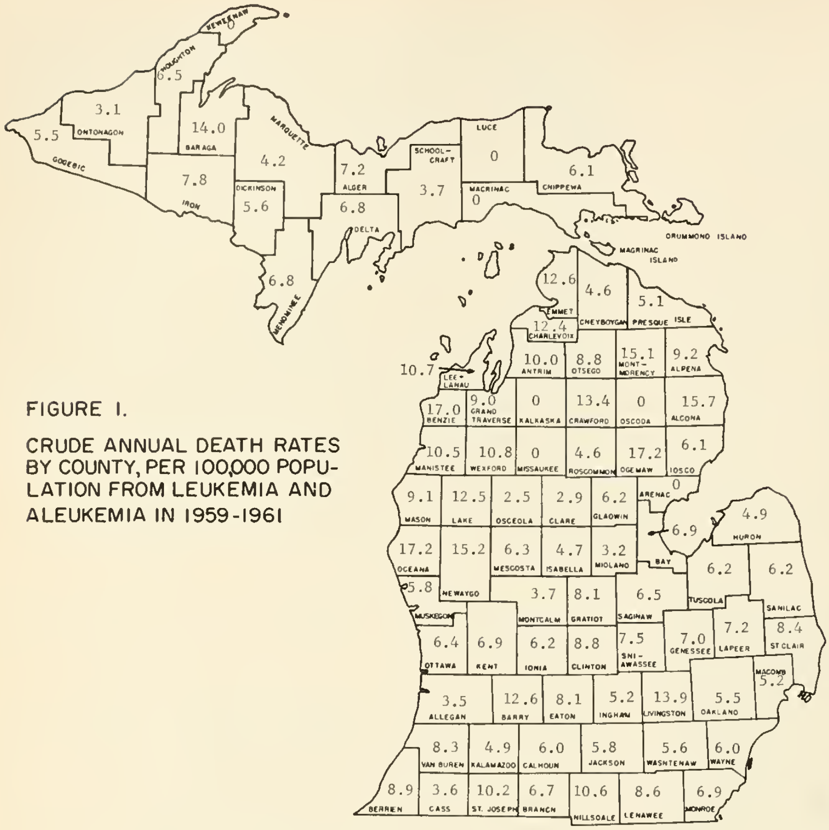
KEWEENAW
HOUGHTON 6.5
3.1 ONTONAGON
5.5 GOGEBIC
14.0 BARAGA
4.2 MARQUETTE
7.8 IRON
DICKINSON 5.6
7.2 ALGER
6.8 DELTA
SCHOOLCRAFT 3.7
LUCE 0
MACKINAC 0
6.1 CHIPPEWA
6.8 MENOMINEE
DRUMMOND ISLAND
MACKINAC ISLAND
12.6 EMMET
4.6 CHEBOYGAN
5.1 PRESQUE ISLE
12.4 CHARLEVOIX
10.0 ANTRIM
8.8 OTSEGO
15.1 MONTMORENCY
9.2 ALPENA
10.7 LEELANAU
17.0 BENZIE
9.0 GRAND TRAVERSE
0 KALKASKA
13.4 CRAWFORD
0 OSCODA
15.7 ALCONA
10.5 MANISTEE
10.8 WEXFORD
0 MISSAUKEE
4.6 ROSCOMMON
17.2 OGEMAW
6.1 IOSCO
0 ARENAC
9.1 MASON
12.5 LAKE
2.5 OSCEOLA
2.9 CLARE
6.2 GLADWIN
6.9 BAY
4.9 HURON
17.2 OCEANA
15.2
6.3 MECOSTA
4.7 ISABELLA
3.2 MIDLAND
6.2 TUSCOLA
6.2 SANILAC
5.8 MUSKEGON
NEWAYGO
3.7 MONTCALM
8.1 GRATIOT
6.5 SAGINAW
7.2 LAPEER
8.4 ST CLAIR
6.4 OTTAWA
6.9 KENT
6.2 IONIA
8.8 CLINTON
7.5 SHIAWASSEE
7.0 GENESSEE
MACOMB 5.2
3.5 ALLEGAN
12.6 BARRY
8.1 EATON
5.2 INGHAM
13.9 LIVINGSTON
5.5 OAKLAND
8.3 VAN BUREN
4.9 KALAMAZOO
6.0 CALHOUN
5.8 JACKSON
5.6 WASHTENAW
6.0 WAYNE
8.9 BERRIEN
3.6 CASS
10.2 ST. JOSEPH
6.7 BRANCH
10.6 HILLSDALE
8.6 LENAWEE
6.9 MONROE

FIGURE 1.

CRUDE ANNUAL DEATH RATES BY COUNTY, PER 100,000 POPULATION FROM LEUKEMIA AND ALEUKEMIA IN 1959-1961

Abstract

Recent studies in several parts of the world, including Michigan, show a rapidly increasing death rate from leukemia, and striking variation in the incidence of this disease among different age groups. Differences between the sexes, between urban and rural populations, and between Negroes and whites, are also seen. In some respects, the picture in Michigan is similar to that seen elsewhere, but some of the usual differences disappear or are reversed in the Michigan findings.

one-third of the leukemia deaths in this period were designated as lymphatic and one quarter as myeloid.

GEOGRAPHIC DISTRIBUTION OF LEUKEMIA IN MICHIGAN

The geographic variations in leukemia mortality within the state of Michigan have been determined by examination of the 1,487 death certificates recording leukemia as the cause of death during the year 1959, 1960, and 1961. The overall state rate was 6.3 per 100,000 population. Figure 1 shows the county-by-county crude annual death rates per 100,000 population for leukemia and aleukemia for the period of 1959-1961. Interesting variations between rates for the individual counties can be seen, but statistical tests fail to demonstrate that these differences are significant. It is possible that real differences could be shown to exist if these data were collected over a longer period of time; it must be borne in mind that the actual number of cases of leukemia in most counties in any three-year period is small.

DISTRIBUTION OF LEUKEMIA MORTALITY BY AGE IN MICHIGAN

The age specific death rates for leukemia in Michigan for the years 1940, 1950, and 1960, are shown graphically in Figure 2. The peaks in mortality in the under 5 and over 65 age groups are apparent. Up to the age of 60 years, there has been little rise in rates in any age group. However, over 60 years of age, the rates have increased sharply between 1940-1950, and again, between 1950-1960.

The extent to which leukemia deaths in persons over 50 years of age contribute to the total picture of mortality from the disease is shown in Table II. In the twenty-year period 1940-1960, the leukemia death rates among all persons over 50 has almost doubled.

DISTRIBUTION OF LEUKEMIA BY SEX AND RACE

It has generally been observed that the incidence of leukemia among males is greater than among

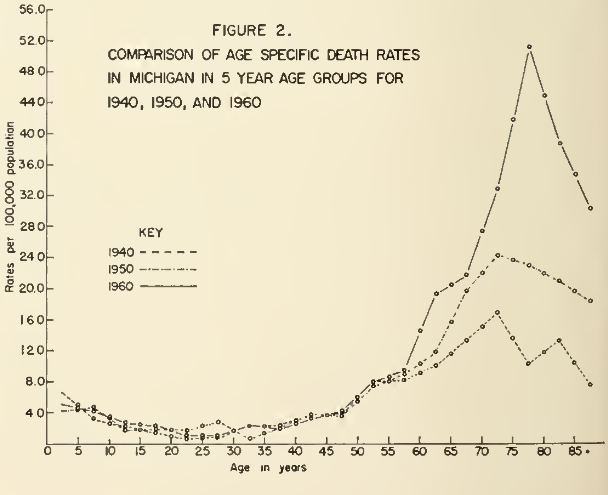

FIGURE 2.

COMPARISON OF AGE SPECIFIC DEATH RATES IN MICHIGAN IN 5 YEAR AGE GROUPS FOR 1940, 1950, AND 1960

TABLE II. MICHIGAN LEUKEMIA DEATHS IN PERSONS OVER 50, 1940-1960

Year	% of Michigan Persons Over 50 Years of Age	% of Total Deaths from Leukemia Occurring in the Over 50 Year Group	Leukemia Death Rate Per 100,000 Persons in the Group Over 50
1940	19.8%	49.3%	10.2
1950	21.6%	57.3%	13.4
1960	21.5%	62.6%	19.5

females. Several authors have observed an overall proportion of about 60 per cent of leukemia deaths occurring in males.[3,4,5]

The reported mortality from leukemia differs among races and ethnic groups. The white population of the United States is affected at a considerably greater rate than the non-white population;[4] however, the increase in mortality attributed to leukemia has been greater among non-whites than among whites.[6] Standardization to allow for differences in age distribution between the white and Negro populations decreases but does not eliminate the difference in leukemia death rates.[7]

In Michigan, leukemia mortality among white persons has been significantly lower, and among non-whites significantly higher, than the national average experience for each group.

It has been found that leukemia is recorded as a cause of death twice as frequently among Jews as among others. This relationship is seen at all ages, in both sexes, in all the usual pathologic types of leukemia, and in both native-born and foreign-born populations.[8]

The Michigan data shown in Table III agree with the higher death rate generally observed for males and the higher rate among whites than non-whites.

URBAN-RURAL DISTRIBUTION OF LEUKEMIA

It has been observed in the United States[9] and elsewhere[10,11] that there appears to be a greater reported incidence of leukemia among residents of urban localities than among those in rural areas. Considering that these differences are highly age specific, it seems unlikely that the higher crude rates in urban populations can be accounted for by superior diagnostic services available in cities.

In Michigan, for the years 1959-1961, however, the generally observed trend toward higher urban leukemia incidence rates is reversed. This was established by two comparisons:

1. The leukemia death rate observed in the nine metropolitan counties of the state (Genesee, Ingham, Kalamazoo, Kent, Macomb, Muskegon, Oakland, Saginaw, and Wayne) was compared with the rate computed for the other 74 counties (Table IV).

TABLE IV. MICHIGAN LEUKEMIA MORTALITY BY METROPOLITAN VS. NON-METROPOLITAN COUNTIES

Area	Leukemia Mortality Rate Per 100,000 Population
State Average	6.3
Metropolitan Counties (Genesee, Ingham, Kalamazoo, Kent, Macomb, Muskegon, Oakland, Saginaw, Wayne)	5.9
Non-Metropolitan Counties	7.2

2. The leukemia death rate observed in areas having a population of 2,500 or more was compared with those observed in areas having a population of less than 2,500 (Table V).

TABLE V. MICHIGAN LEUKEMIA MORTALITY BY PLACE OF RESIDENCE

Area	Leukemia Mortality Rate per 100,000 Population
State Average	6.3
Areas of 2,500 or more population	5.7
Areas less than 2,500 population	8.0

TEMPORAL-SPATIAL RELATIONSHIPS

Several studies have produced evidence suggestive of residential aggregation in the distribution of childhood leukemia.[12,13] Recently, nationwide attention has been drawn to this clustering by a report concerning an unusual number of cases of acute leukemia in children in Niles, Illinois.[14] This town of some 20,000 inhabitants had an occurrence of eight cases, of which seven were girls, aged 3-14, between September 1957 and August 1960, giving an incidence 20 times the national rate. All the cases were lymphoblastic leukemia; all the children had moved recently to the suburb from Chicago; and all had been attending the same parish school or had older siblings or a friend in the school. Further studies of this "outbreak," which is similar

TABLE III. MICHIGAN LEUKEMIA DEATH RATES BY AGE AND SEX (per 100,000)

Period	White			Non-White			Total		
	Male	Female	Both	Male	Female	Both	Male	Female	Both
1949-51	6.2	4.3	5.2	6.3	2.4	4.6	6.2	4.2	5.2
1959-61	7.9	5.8	6.7	4.3	2.3	3.3	7.6	5.1	6.3

TABLE VI. "OUTBREAKS" OF LEUKEMIA IN MICHIGAN
1959-61

Town	County	Three-year Population	Leukemia Deaths	Leukemia Death Rate Per 100,000 Population
Petoskey	Emmet	19,404	3	15.0
Hastings	Barry	18,288	3	16.4
St. Louis	Gratiot	10,041	3	29.8
Portland	Ionia	6,421	3	55.6
Fremont	Newago	9,168	5	54.5
Niles	Berrien	11,526	7	60.7

in nature to that of an infectious disease, are in progress and should be of considerable interest.

In an attempt to discover if there might be any areas within the State of Michigan with an excessive number of deaths from leukemia during this three-year period, the 1,487 deaths were plotted on individual county maps. Data for six selected communities are given in Table VI. As in the case of the county-rate differences, these variations do not possess statistical significance.

TRENDS IN LEUKEMIA MORTALITY

In any attempt to analyze studies dealing with trends in leukemia mortality, certain considerations must be borne in mind. One is that the accuracy of mortality statistics depends upon the accuracy of the medical certification of deaths. Another is the changes in the age distribution of a population as they may affect the crude death rates of a disease influenced by age.

A number of studies, both in this country and abroad, have found that leukemia death rates have increased by approximately 50 per cent per decade since 1920. Where they have been studied, age-specific mortality rates have also shown significant increases. These studies have dealt with the problem of leukemia not only in the United States,[4,5] but in Canada,[16] Australia,[17] Japan,[18] and a number of countries in Western Europe.[19,20,21]

TABLE VII. CRUDE PREVALENCE AND INCIDENCE OF LEUKEMIA AND ALEUKEMIA IN MICHIGAN
1940-1960

Year	Number of Deaths	Rate per 100,000 General Population
1960	516	6.6
1959	475	6.0
1958	526	6.7
1957	435	6.2
1956	471	6.3
1955	444	6.1
1954	435	6.2
1953	425	6.2
1952	403	6.0
1951	369	5.6
1950	321	5.0
1949	332	5.2
1948	296	4.8
1947	299	4.9
1946	295	5.2
1945	255	4.7
1944	230	4.3
1943	230	4.3
1942	212	3.8
1941	217	4.0
1940	215	4.2

In the State of Michigan, there has been a steady increase in both the number of deaths from leukemia and in the crude death rates throughout the period 1940-60. As is shown in Table VII, the leukemia mortality rate has increased from 4.2 deaths per 100,000 population in 1940, to 6.6 deaths per 100,000 population in 1960. As was mentioned previously at least part of the increase in the crude death rate is due to increasing age specific death rates in the older age groups.

SUMMARY AND CONCLUSIONS

An examination of leukemia mortality data recorded in the State of Michigan during the period 1950-1961, has been presented and compared with other findings available in the recent literature. The following points have been noted:

1. Leukemia is a uniformly fatal disease which can occur at any age. The highest age-specific death rates and by far the greatest number of deaths from leukemia are found in the under 5 and over 65-year age groups.

2. In children, leukemia is almost always acute and usually classified as being lymphoblastic or "stem-cell" in type. Young adults and middle-aged persons are affected by lymphatic and myeloid leukemia in about equal rates. Lymphatic leukemia seems to increase during the forties and fifties and at ages over 70 it again becomes the most common type.

3. It is generally observed that the incidence of leukemia is approximately ⅓ higher in males than in females. This sex difference is most marked in lymphatic leukemia and in the pre-school and late adolescent age groups.

4. Increasing leukemia mortality rates have been demonstrated for a number of countries. These increases are most marked in children in the 2-4 and 15-19 year age groups, and in persons over 65 years of age.

5. Variations in the occurrence of this disease have been observed between countries and between urban and rural communities. Geographic variations in leukemia mortality are most marked in the over 65-year age segment of the population.

They may be associated with differences in exposure to infectious disease or to differences in the availability of medical care, but neither relationship can be clearly expressed. Regional variations in leukemia mortality within a country and differences in urban and rural mortality rates may also be related to the availability of medical care and particularly to the adequacy of diagnostic facilities. Population density is, however, a factor which deserves further examination.

In Michigan, a moderate and non-significant reversal of the usual urban-rural difference has been observed. Most studies have found a somewhat increased incidence in leukemia as a certified cause of death among urban populations, but in Michigan the incidence is somewhat higher among rural populations. Part of this difference can be accounted for by the concentration of negroes in the urban areas.

6. There are demonstrable differences in leukemia mortality between the white and non-white populations, less striking in Michigan than elsewhere.

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State Describes Cases In Poison Control Centers

The Michigan Department of Health reports the Poison Control Centers in 21 cities continue to handle an increasing volume of requests for assistance and information.

A report from the National Clearing House for Poison Control Centers reveals that during the calendar year 1963, there was a total of 3,334 cases of ingestion of toxic substances reported to Michigan centers, involving some 86 different substances.

As usual, aspirin remains the number one culprit in poisonings. There were 374 cases involving baby aspirin, 96 cases involving adult-type aspirin, 313 involving unspecified type of aspirin, and another 80 cases involving other analgesic substances.

The second leading cause of poisoning, according to the State Health Department, was barbiturates, with 152 cases, followed by bleaches, 123; soaps and detergents, 104; and insecticides, 95.

The vast majority of cases—2,615 of the 3,334—involved youngsters under five. The most vulnerable group are the two-year-olds, 1,040; next are the one-year-olds, 731; followed by the three-year-olds, 530; the four-year-olds, 168; and those under one year, 106. In each age group, there were more boys affected than girls.

Seasonally, the months from July to September were the most hazardous by a considerable margin, accounting for 1,112 cases while the winter months of January through March were safest with only 659 cases reported. From October through December there were 845 cases compared to 718 cases reported from April through June.

Poison control centers are located in Michigan in Adrian, Ann Arbor, Bad Axe, Battle Creek, Bay City, Coldwater, Detroit, Flint, Grand Rapids, Kalamazoo, Lincoln Park, Midland, Petoskey, Pontiac, Port Huron, and Saginaw; poison treatment centers are located in Bay City, Detroit, Jackson, Lansing, Wayne, and Ypsilanti; and poison information centers are located in Detroit and Marquette.

Therapy for the hemophilic patient is dependent upon both local and systemic measures. Application of cold and pressure often provide adequate control for local bleeding problems. In the event of severe bleeding into vital structures, systemic therapy in the form of plasma or plasma fractions must be employed.

The classical hemophilic disorder with decreased antihemophilic factor activity (AHG) will respond to fresh or fresh-frozen plasma or to concentrates of AHG prepared from plasma. The latter preparation is available without cost from the State laboratories and is seven times more potent than an equivalent weight of plasma, although of equal activity by volume.

Hemophilia B or Christmas disease will respond to stored refrigerated plasma as well as fresh plasma.

Fresh or fresh-frozen plasma should always be employed whenever the type of hemophilia is unknown or in doubt.

Therapy

For the Hemophilic Patient

By JOHN A. PENNER, M.D.
Ann Arbor

INTRODUCTION

Effective management of hemorrhage in the hemophilic patient requires that the physician be experienced in the treatment of these disorders and have some knowledge of coagulation techniques and theory. Large medical centers such as The University of Michigan Medical Center through the Simpson Memorial Institute can provide ideal laboratory support and clinical consultation for these patients. However, as often occurs, the hemophilic patient develops severe bleeding which demands immediate attention. In such instances, the family physician must be prepared to manage the acute bleeding episodes.

Despite the lack of special laboratory facilities, it is possible to treat these patients adequately in a general hospital, providing the physician has a knowledge of the products available for therapy and the therapeutic requirements of the condition.

Author
JOHN A. PENNER
M.D.

The following outline was prepared to provide the family physician with information on basic concepts of therapy in these disorders and to inform him of the products available for therapy. This paper is not intended to present a complete or final discussion of hemophilia and should be used only as a guide. A more extensive coverage of this subject can be found in the appended reference list.

THERAPY

Hemophilia represents a group of familial bleeding disorders characterized by deficiencies of specific clotting factors. This lack of activity may be a result of inadequate production or of binding of a factor by a very specific and potent inhibitor. Several types of hemophilia can be differentiated. Hemophilia A or classical hemophilia exhibits a deficiency of a plasma factor activity, antihemophilic globulin (AHG, Factor VIII). Hemophilia B or Christmas disease lacks a serum factor activity, plasma thromboplastin component (PTC, Factor IX). Other rare forms of hemophilia-like disorders have been described. In all of these conditions,

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This work was supported by the Michigan Heart Association and the Michigan Hemophilia Foundation.

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therapy includes the use of plasma products capable of increasing the circulating level of the deficient factor or its precursors.

PROPERTIES OF ANTI-HEMOPHILIC GLOBULIN (AHG)

AHG is a plasma protein known for its coagulant activity and its labile nature. Its activity diminishes rapidly within hours when stored at room or refrigerator temperatures. This factor has not been prepared in pure form. Concentrates, however, have been produced by plasma fractionation procedures.

Metabolism: In the circulation, AHG appears to have a half-life of approximately 24 hours. After administration AHG rapidly diffuses out of the blood stream into the extravascular fluids. This results in a sharp decrease in the circulating level of this factor within six hours. A more gradual rate of disappearance is noted after an equilibrium is established.

Activity: AHG is a procoagulant that appears to act as a co-factor for one of platelet substances (platelet factor 3). In the presence of platelets and a third factor PTC (Christmas factor, Factor IX) it initiates prothrombin activation to thrombin. Thrombin in turn will act on fibrinogen to produce a fibrin clot. A simplified scheme is shown as follows:

$$\text{Prothrombin} \xrightarrow{\substack{\text{Platelet factor} \\ \text{AHG (VIII)} \\ \text{PTC (IX)} \\ Ca^{++} \\ \text{accelerator factors (V \& X)}}} \text{Thrombin}$$

(Thromboplastin from tissues has an activity similar to the combined platelet factor-AHG - PTC complex shown. Consequently if tissue products are permitted to enter a hemophilic blood specimen, the deficiency may be masked. Clotting tests in such instances may appear normal.)

PREPARATIONS CONTAINING AHG

Plasma: Fresh plasma drawn within six hours of use will contain AHG in variable concentration depending on the donor's circulating level. A range of 60 to 160 per cent has been found in supposed normal donors using pooled fresh plasma as 100 per cent. (Crossmatching is required when unpooled plasma is employed in treatment.)

Frozen Plasma: Plasma frozen immediately after it is obtained will retain AHG activity for weeks to months depending on the temperature of storage. The usual blood bank freezers probably cannot be relied upon to preserve full AHG activity for more than a few months. (Crossmatching is required for frozen plasma when unpooled products are used.)

Dried Plasma: (Hyland Laboratories, California. Michael Reese, Chicago 250 ml. bottle*). Plasma is pooled first and then dried from the frozen state. It contains 50 to 80 per cent of normal concentration of AHG activity and is stable at refrigerator temperatures. (Pooled plasma may be associated with a higher incidence of hepatitis. Its use does not require crossmatching.)

"Anti-Hemophilic Globulin"†: (Michigan Department of Health Laboratories, Fraction I,—provided without cost to Michigan residents, 500 mg./50 ml. bottle.) This product is prepared by fractionation of fresh plasma. It contains considerable fibrinogen and other proteins. The product is treated with ultraviolet irradiation to reduce the risk of hepatitis. (Hepatitis has not been encountered following the use of this material during the 14 years of its production; crossmatching is not required.)

"Fibrinogen—AHG"†: (Merck Sharp and Dohme, Fraction I, 2 gm./200 ml. bottle.**) This product is prepared by fractionation of fresh plasma and appears similar to the Michigan Department of Health preparation.

CLINICAL MANIFESTATIONS

Bleeding in the hemophilic individual is variable and episodic. Some patients may not exhibit signs of hemorrhage for years and then develop multiple episodes during a several month period. Exacerbation of the condition has not been definitely associated with diet, bacterial infection or stress. Acute viral infections are suspect, however.

Bleeding commonly involves joints, muscles, kidneys, the gastrointestinal tract, nasopharynx and retroperitoneal areas. Hemorrhage will occur after minor trauma or may appear spontaneously. Frequent trauma with bleeding into a single area may produce a pseudotumor containing old blood, necrotic and fibrous tissue and bone. These tumors may be mistaken for osteogenic sarcoma on roentgenographic examination.

INDICATION FOR THERAPY

The patient's past experience is important. If adequate therapy is initiated at the first sign of bleeding, it may be possible to prevent further bleeding and reduce the period of hospitalization. In general, it would seem that a *spontaneous* hemorrhage often portends further bleeding and should be treated with systemic therapy. Traumatic hemorrhage when localized may not require systemic measures. Sublingual hemorrhage, urinary tract and gastrointestinal bleeding are always of a serious nature and should be treated immediately with ample quantities of plasma or antihemophilic globulin.

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*Dried plasma products range in price from $20 to $35 per bottle.

†This product when reconstituted according to the manufacturers specifications will yield solutions containing approximately the same concentration of AHG per ml. as fresh normal plasma. The total protein content of the dried concentrates, however, is seven times less than in a comparable amount of plasma, in consequence of which a much larger quantity of this product may be tolerated by the patient.

**Approximate blood bank cost $35 per bottle.

THERAPEUTIC REQUIREMENTS

In severe cases of hemophilia, AHG activity is virtually absent. A number of investigators believe that a level of 10 to 20 per cent of normal AHG activity is necessary for hemostasis. Given a patient with severe manifestations of the disorder (AHG activity less than 1 per cent and an estimated plasma volume of 2,000 ml., infusion of 240 ml. of normal plasma) would provide a minimum level of AHG activity. Diffusion and utilization, however, produce a rapid loss of activity and necessitate the use of much larger quantities of normal plasma or its equivalent to maintain AHG at an adequate level for a 24-hour period. As equilibrium is reached with the extravascular fluids, utilization becomes the primary factor affecting the AHG level. The suggested half-life of 24 hours would require replacement of one-half the AHG daily, providing large amounts are not lost into areas of hemorrhage. The possibility also exists that fluctuations may occur in the production of an inhibitor or of a complexing substance which would modify AHG requirements during therapy.

THERAPEUTIC EQUIVALENTS

	Volume	*Dry Wt.*	*Plasma Equiv. (approx.)*
Plasma (fresh, fresh-frozen, dried)	200 ml.	12.0 gms.	200 ml.
"AHG" (Mich. Dept. Health)	50 ml.	0.5 gms.	50 ml.
"Fibrinogen - AHG" (Merck)	200 ml.	2.0 gms.	200 ml.

PROGRAM OF THERAPY

Local treatment includes the application of pressure over the bleeding site and the use of cold or other local vasoconstrictor to reduce blood flow. Elastic bandages if applied early will reduce bleeding into an injured area. Packing of open wounds with gelfoam or similar materials soaked in thrombin* is helpful. Root canals should be packed after dental extraction and sutures placed if necessary to retain the packing. An acrylic splint or saline-soaked gauze will allow the patient to exert pressure on the gelfoam pack by biting down over the extraction site. Ischemia of the area and consequent necrosis will occur, however, if pressure is maintained for too long a period.

Systemic therapy involves intravenous infusion of AHG-rich preparations. At present, hemostasis can be achieved in the hemophiliac with serious bleeding only when the circulating level of AHG has been increased. In order to reach effective levels, *large quantities of AHG concentrate or plasma must be given within a short period of time. Smaller quantities given intermittently will not control bleeding.*

An adult patient will require at least 500 ml. of plasma or concentrated AHG initially. If considerable blood loss has occurred, the vascular bed will accept larger quantities of plasma. (Mild anemia, if asymptomatic, should be considered of secondary importance in this situation.) Overexpansion of the plasma volume should be considered as the potential major hazard of therapy. Most young adults, however, tolerate large transfusions of plasma without difficulty. Other complications include: *thrombocytopenia*, probably of an isoimmune type and *hemolytic anemia* secondary to isoantibodies present in the infused plasma or to hyperfibrinogenemia resulting from the use of AHG concentrates of Cohn fraction I type. Reactions to plasma and plasma fractions have been observed and include manifestations such as fever and chills, hives and pruritus. Hydrocortisone 50 mg. and Benadryl 50 mg. have been effective in controlling the symptoms and will in most cases permit the infusion to be continued at a much slower rate.

An initial dose of 500 ml. of plasma should be followed by 250 ml. at six-hour intervals. If bleeding is not controlled within the first 24 hours of therapy, plasma (250 ml.) should be administered every four hours. If the plasma is frozen, it should be thawed quickly and infused as soon as possible, at a rapid rate (15-20 minutes/unit).

AHG concentrates can be given in quantities similar to that employed for plasma and will offer a considerable advantage in that hemostasis can be improved with a smaller protein load and if necessary much larger doses may be administered. Dried plasma and plasma fractures should also be administered rapidly immediately after they are reconstituted; otherwise, much of the AHG activity will be lost.

In situations where a severe or massive hemorrhage has occurred, therapy should be continued for at least two to three days after bleeding has been controlled. In the case of surgery or dental extraction, a 12-day period of maintenance therapy may be necessary to prevent recurrent bleeding and to promote wound healing. Internal hemorrhage will require massive amounts of antihemophilic globulin necessitating the use of two or three liters of plasmas or its equivalent daily. A single plasma or AHG concentrate infusion may be sufficient to prevent further bleeding in a patient presenting with a localized area of spontaneous hemorrhage.

Children and infants require smaller quantities of these products in direct relationship to their weights (approximately 10-12 ml./lb./day).

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*Thrombin topical, Parke, Davis and Co.

Example Cases:

1. Twelve-year-old boy admitted with gross hematuria of two days duration.

Therapy: AHG 500 ml. (10 bottles, Mich. Dept. Health Lab.) followed by 250 ml. (five bottles) at six-hour intervals for two days.

Result: The urine cleared completely on the second day. Hematuria three months prior to the present episode, lasted four weeks as a result of inadequate therapy.

2. Infant, six months old (22 lbs.), admitted with large traumatic hematoma on the forehead.

Therapy: AHG 50 ml. (1 bottle) every six hours for two days.

Result: Rapid disappearance of hematoma within three days.

3. Thirty-year-old man admitted following a dental extraction.

Therapy: Plasma 500 ml. followed by plasma 250 ml. every six hours.

Result: Bleeding recurred on fifth day when therapy was discontinued. Another six days of therapy controlled the bleeding and permitted wound healing to proceed normally.

PROPERTIES OF PLASMA THROMBOPLASTIN COMPONENT

(PTC, Factor IX)

PTC is a serum protein with coagulant activity. It is formed from a relatively stable precursor in plasma.

Metabolism: The precursor of PTC is produced in the liver. It requires vitamin K for synthesis and it may be reduced as a result of therapy with coumadin or related drugs. Deficiencies of this factor are also seen in association with hepatic disease and in the familial disorder Christmas disease. The half-life of the active serum form is short. The plasma precursor may circulate for 12 hours or more.

Activity: PTC is a serum procoagulant that acts in conjunction with a platelet factor and antihemophilic globulin to initiate prothrombin activation.

PREPARATIONS CONTAINING PTC

Plasma or whole blood stored for several weeks at refrigerator temperatures will retain most of its PTC (precursor) activity.

Fresh-frozen plasma may retain full PTC activity for periods up to a year.

Concentrates of PTC are not available.

CLINICAL MANIFESTATIONS

Occasionally, this disorder will appear in a mild form; however, the clinical manifestations are generally similar to those described for hemophilia A. The indications for therapy, requirements and program of therapy do not differ significantly from that of classical hemophilia.

Example Case:

1. Fifteen-year-old boy admitted with traumatic hemarthrosis.

Therapy: Plasma 500 ml. followed by plasma 200 ml. every six hours for three days. Local application of ice for the first 24 hours and an elastic bandage for one week.

Result: Rapid resolution of the hematoma with early weight bearing and full joint motion.

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MSMS Centennial Series: 1949, 1950

Honor U-M Medical School Centennial

Leading up to the MSMS Centennial in 1965, The Journal *is printing a series of articles by William J. Stapleton, Jr., M.D., Detroit, who is the MSMS Historian. This series began in the September, 1963, number of* The Journal *and will continue through August, 1965.*

—1949—

What a busy year Doctor Sladek had! I counted up my notes and there were 32 memos regarding the work of the Society for 1948-1949. We shall try to condense these:

The House of Delegates authorized the following:

1. That the income limits in the Michigan Medical Service policy be increased to $5,000;
2. That the fee schedules be increased approximately 40 per cent;
3. That MMS provide that all hospital services of physicians, both medical and surgical, be included as benefits;
4. That MMS continue all the present forms of contracts affecting the $2,500 income limits.

The MSMS Executive Committee, recognizing the need for an active Michigan Health Council, reaffirmed its contribution of $7,500.

The Membership of the MSMS was 4,960.

* * *

IMMUNIZATION Month was observed in May, with cooperation between practitioners and health departments to the end that Michigan children be immunized against smallpox, diphtheria, whooping cough, and tetanus.

The Michigan State Medical Assistants Society requested the appointment of an Advisory Committee, which was authorized.

A "Public Speaker's School for Doctors" was held September 22, Grand Rapids, at the time of the MSMS Annual Session.

A Public Relations brochure "The Country Doctor Answers the Ewing Report" has been mailed to each president of a Rotary Club in the U. S. with uniformly favorable reaction.

* * *

MSMS RECEIVED signal recognition at the AMA Atlantic City meeting in the publishing of lists of organizations which oppose socialized medicine—Michigan has twice as many organizations listed in this category as any other state.

The Council in September had a preview of a new MSMS movie "To Your Health."

MSMS thanked the Michigan Heart Association for its contribution of $32,515.72 and the Michigan Society for Crippled Children and Afflicted Adults for its contribution of $6,000 for continuation of the Michigan Rheumatic Fever Control Program. The second Heart and Rheumatic Fever Day was authorized for March 11, 1950.

An analysis of the Fee Schedules for welfare patients was presented in December to the Executive Committee, which instructed that the information be forwarded to all county medical societies.

* * *

THE FIRST MICHIGAN Cancer Conference, sponsored by the MSMS, the Michigan Department of Health, and the Michigan Division of the American Cancer Society was held in Lansing on October 11, 1949. The focus was on providing facilities throughout the state for the early detection of the disease.

The public relations program of the MSMS was presented as a case history study in the weekly Public Relations News. This top PR trade magazine devotes a portion of each issue to explaining and analyzing public relations activities selecting each week an outstanding example from a particular professional business field.

* * *

MICHIGAN AND its medical profession was signally honored in the selection of a Detroit physician to head the American Academy of General Practice for the ensuing year. E. C. Texter, M.D., became president in March.

The year 1949 marked the 100th birthday of the Wayne County Medical Society, and a ceremony was held in Detroit, April 26.

Attendance at the 1949 Annual Session of the MSMS in Grand Rapids, September 21-23, was 2,329.

The Michigan Health Council drafted plans for the reorganization of this body to include approximately 70 interested organizations. One of the

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The Author

WILLIAM J. STAPLETON, JR.
M.D.
MSMS Historian

E. F. SLADEK, M.D.
MSMS President 1948-49

W. E. BARSTOW, M.D.
MSMS President, 1949-50

first steps to be taken will be the hiring of a full-time executive secretary whose primary function will be to assist in the formation of community health councils.

And so ends another busy year for good medicine in Michigan.

—1950—

It always is almost impossible to single out any one event or action as most important of the year. Such a spotlight might be focused on a postgraduate medical seminar held in November in Detroit when color television was used for the first time at such a Michigan medical program. Under the auspices of the Wayne State University School of Medicine, a two-day program of medical and surgical procedures was telecast in color from Grace Hospital to the Masonic Temple.

In a new public relations venture, press conferences were held in the various councilor districts, with the first experimental meeting in Bay City.

* * *

A SCROLL COMMEMORATING the University of Michigan Medical School Centennial was presented to University officials in September during the MSMS Annual Session in Detroit.

As a means of offsetting a drop in the active membership due to hundreds of transfers in 1951 to military membership, the Executive Committee authorized an invitational membership drive by the MSMS and county medical societies and the reprinting of the leaflet "Benefits of Membership in Medical Societies."

The 1950 House of Delegates instructed that a special committee be set up to analyze the Basic Science Law, with the idea of amending it.

The Michigan Tumor Registry, sponsored by the Michigan Pathological Society and other organizations, officially opened on January 1, 1950, at the Detroit Cancer Center. The main objectives of the Registry was: (1) consultation service to pathologists, (2) educational, on a professional level for postgraduate study in pathology and on a lay level through statistical evaluation of the material as it applies to early diagnosis, as it applies to approved types of treatment, (3) clinical correlation to assist physicians to evaluate exact pertinent statistical data, (4) research to assist the Detroit Institute of Cancer Research in obtaining material on malignant diseases for study.

Michigan Industrial Health Day was something new on the medical postgraduate horizon. This continuation course in Industrial Medicine was held in Ann Arbor.

The Michigan Rapid Treatment Center at Ann Arbor was closed in June. This center was established six years ago for the rapid treatment of venereal diseases and has treated 13,000 cases.

* * *

THE GROWTH OF THE Michigan Health Council was reported with an expansion of the voting membership from 4 to 24 members, expansion of associate membership from 0 to 27 Community Health Councils and an increase in Michigan Rural Health Conference co-sponsors from 41-68 organizations in 1950. Among the members who joined the Michigan Health Council were the American Cancer Society-Michigan Division, W. K. Kellogg Foundation, Michigan Educational Association, Michigan Agricultural Conference, Michigan Farm Bureau, Michigan Foundation for Medical and Health Education, Inc., Michigan State Grange, Michigan Health Officers Association, Michigan Home Economics Association, Michigan Public Health Association, Michigan Rural Teachers Association, and the Michigan Tuberculosis Association.

A total of 3,044 were registered at the 85th Annual Session of the MSMS in Detroit, September 20-22, 1950.

* * *

AS THE YEARS go on it is interesting to note how the Michigan State Medical Society kept to the fore in giving to its members a well-rounded picture of the work done in the medical world. Not only does it tell the story, but it provides funds, gives Postgraduate Courses and in its two yearly meetings brings the membership up to date in medicine in all its branches.

Political Laryngitis

"So many professional people who are willing to work for the community chest or the heart fund refuse to participate in the political life of their community. They act as if politics will go away if they neglect it. But whether you like politics or not, you are in it."

—U. S. SENATOR HUGH SCOTT
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All M.D.'s Invited:

MAP Congress Set March 26-27

The 6th Annual Congress of the Professions, sponsored by the Michigan Association of the Professions, will be held in Grand Rapids, March 26-27, 1965. The Pantlind Hotel will be headquarters for the meeting.

Previous Congresses of the Professions have received national recognition for their excellence and preparations have gone forward to make this program of equal caliber to those of the past.

Program planners indicate that the Congress will consist of two sections: The first will be one in which the professions look at themselves; the second will have the professions looking at others with whom they have relations.

More news about the Congress will be forthcoming. Meanwhile, all officers and members of the Michigan State Medical Society are invited to attend and urged to set aside March 26-27 on their calendars.

Chairmen Appointed to Head Committees of The Council

The MSMS Council on October 28 approved the appointment by Chairman Harold H. Hiscock, M.D., of the following doctors to serve as chairmen of the Council Committees:

Advisory Committee to the Executive Director, Harold H. Hiscock, M.D., Flint; Education Liaison Committee, Don Marshall, M.D., Kalamazoo;

Liaison with State Board of Registration in Medicine, K. H. Johnson, M.D., Lansing; Liaison with Michigan State Pharmaceutical Association, R. V. Daugharty, M.D., Cadillac; Liaison with State Bar of Michigan, W. M. Le Fevre, M.D., Muskegon; Liaison with Michigan Crippled Children Commission, A. C. Standard, M.D., Saginaw; Liaison with Michigan Hospital Service, H. H. Hiscock, M.D., Flint;

Liaison with Residents and Interns, N. D. Henderson, M.D., East Lansing; Committee on Alcoholism and Drug Addiction, R. C. Bates, M.D., Lansing; Committee on Awards, W. A. Hyland, M.D., Grand Rapids;

Committee on Courses on Medical Economics and Ethics, C. Howard Ross, M.D., Ann Arbor; Committee on Disaster Medical Care, G. L. Otis, M.D., Jackson; Committee on Health Fair Arrangements, D. W. McLean, M.D., Detroit;

Committee on Hospital Relations, R. V. Taylor, M.D., Jackson; Committee on Medicine and Religion, R. L. Rapport, M.D., Flint; Committee on Nursing, R. J. Mason, M.D., Birmingham; Committee on Rehabilitation, S. D. Steiner, M.D., Detroit;

Committee on Beaumont Memorial, R. J. Mason, M.D., Birmingham; Committee on Retirement Plan, R. K. Whiteley, M.D., Detroit; Committee on Uniform Fee Schedule for Governmental Welfare Agencies, W. M. Le Fevre, M.D., Muskegon; Committee on Veterans Affairs, William Bromme, M.D., Detroit; Committee on Workmen's Compensation, William Jend, Jr., M.D., Detroit; Committee to Study Establishment of MSMS Service Corporation, O. B. McGillicuddy, M.D., Lansing; Committee on Relative Value Study, A. J. Neerken, M.D., Kalamazoo.

Several other appointments are expected at the December 16 meeting of The Council.

WASHINGTON, D. C. — President Johnson has appointed M. Finettte Marzolf, M.D., formerly of Lansing, to the U. S. Board of Veterans' Appeals. She left Lansing in 1962 to become a medical consultant to the VA in Washington.

Predict Johnson Administration in Big Medicare Push

By the American Medical Association

WASHINGTON — The Johnson Administration has placed so-called medicare at the top of its legislative program for 1965.

In a policy paper issued a few days before the national elections, President Johnson said:

"First we must provide adequate hospital and nursing home care for our senior citizens by a sound program financed through contributory social insurance. I pledge that the legislation to accomplish this will head my program next year."

Administration forces in Congress expressed confidence that most of Johnson's legislative program would be approved next year in light of the Democratic victory Nov. 3.

* * *

What members will be appointed to fill committee and subcommittee vacancies and what voting patterns will evolve, will have to wait on organization of the 89th Congress.

The House Ways and Means: This Committee, which handles tax legislation (including medicare) lost Democrat Ross Bass (Tenn.) through his election to the Senate and Republicans Bruce Alger (Tex.), Victor A. Knox (Mich.), and Steven B. Derounian (N.Y.) through defeat.

DETROIT—"The most important part of assuring good health and old age is the orientation both physical and emotional in the pre-geriatrics years and the adjustment to the devices needed for aid at the time when the need for becomes apparent."

So declared Manual Rodstein, M.D., New York, in a major address November 15 here at the convention of the National Society for Crippled Children and Adults.

* * *

GRAND RAPIDS — Featured speaker at the annual banquet of the Michigan Association of School Boards on Nov. 5 at the Pantlind Hotel was Homer H. Stryker, M.D., Kalamazoo, who gave his light talk about problems in business.

Michigan Leaders Talk at Mental Health Congress

CHICAGO—Michigan played a prominent role here in the AMA Second National Congress on Mental Illness and Health, November 5-7. The entire MSMS Mental Health Committee attended, along with other Michigan physicians.

Program participants included Robert A. Kimmich, M.D., Director of the Michigan Department of Mental Health, who was co-chairman of a workshop on "Criteria and Priorities" for mobilizing community health services in major metropolitan areas. Benjamin Jeffries, M.D., MSMS committee chairman, was co-chairman of a workshop on the "Role of the Private Practitioner" and M. A. Riley, staff assistant to MSMS Mental Health Committee, was a resource person to advise on the roles of state and county medical societies.

The purposes of the Congress were clearly stated by the chairman, Dana Farnsworth, M.D., of Cambridge, Mass. He explained, "We know that mental illness poses the largest unmet health problem in America. We know that one way to resolve this problem is by means of comprehensive community mental health programs. Furthermore, we even have matching funds available from the government for the creation of community facilities.

"What we don't have is widescale interest by the communities in doing something about mental illness."

For this reason the efforts of the mental health congress, Dr. Farnsworth said, were directed toward getting the nation's physicians active in organizing community mental health services.

"There was a time," he added, "when psychiatry was one thing, physical medicine another. But this has changed. Today the general practitioner and the specialist as well, have a role in providing care for mental disease just as they do for organic disease. We feel they also have a role in activating community interest in the need for mental health services."

MSMS CENTENNIAL SYMBOL USED FIRST TIME—ON COVER

Preliminary plans are well underway for the observance of the Centennial of the Michigan State Medical Society.

The Centennial celebration will begin at the 1965 Annual Session in Detroit, September 19-24, and continue for 12 months.

The Centennial symbol—printed on the cover of this issue of Michigan Medicine—will be used throughout the year.

Many of the plans will be reviewed by The MSMS Council at its meeting in East Lansing on December 16.

Watch future issues of Michigan Medicine for information about the many exciting activities that are proposed!

News; And It's Brief

SAGINAW—More than 255,000 visitors to the 1964 Saginaw County Fair had an opportunity to see the award-winning exhibit sponsored by the Saginaw County Medical Society. Under the guidance of Thomas O. Lohr, M.D., the county medical society put together an exhibit which featured "Home Care" as its theme. With an AMA "Homemaker Services" display as its focal point, the exhibit was supplemented by smaller individual displays featuring the Visiting Nurses' Association and the American Heart Association. Materials distributed at the exhibit included pamphlets featuring cancer detection, heart disease and visiting nurses.

* * *

CADILLAC—E. F. Sladek, M.D., of Traverse City, a past president of MSMS, spoke here over WWTV about "Home Care in Michigan" on the Michigan Health Council "Accent" program.

* * *

JACKSON—The Detroit Branch of the American Urological Association met here Nov. 11 to hear a program that included an evening address by John L. Emmett, M.D., of the Mayo Clinic.

The next meeting will be January 13 at the Wayne County Medical Society in Detroit.

* * *

ANN ARBOR—Arthur T. Hertig, M.D., Harvard Medical School, will present the ninth annual Carl V. Weller lecture to the Michigan Society of Pathologists, at 1:15 p.m., December 12, Rackham Building, Ann Arbor. Dr. Hertig will talk on "The Human Trophoblast: A Resume of Some Aspects of its Development and Pathology."

* * *

EAST LANSING—Scientists were prodded here to develop a language that researchers and others in technical fields can understand. Air Force Col. James A. Fava of the Office of Aerospace Research in Washington issued the plea before the Society of Engineering Science, Inc.: "The problem is we don't understand the jargon, the dialect or the words of the other fields so you can't go to it to retrieve some scientific material," he claimed.

Colonel Fava, director of the office of scientific and technical information, said that often one scientific field may have worked out a problem without another area knowing about it because they cannot understand the technical mumbo-jumbo used.

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MT. CLEMENS—Several thousand dollars in surplus funds remaining from the Macomb County Oral Polio Vaccination Program are being given to the Macomb County Chapter of the National Foundation, the Macomb County Society for Crippled Children and the Chesterfield Tornado Disaster Fund.

Community Health Week Makes Impact

Many County Societies Hold Special Events

"As Governor, I call upon the citizens, health professions, civic organizations and public schools to join in its observance to demonstrate to the people of Michigan the many health services and facilities that enrich their lives and to encourage community planning to meet their health needs of the future."

That proclamation by Governor Romney set the stage for the observance of Community Health Week across the state. Newspaper clippings, county society bulletins, radio and television reports, and letters all indicate that the Michigan observance in October was "the greatest yet."

Typical of the comments is a letter from an AMA staff executive, who declared, "I have just seen examples of materials Michigan utilized in the Community Health Week effort. It was a spectacular job, beautifully organized. Undoubtedly, the campaign had great public impact."

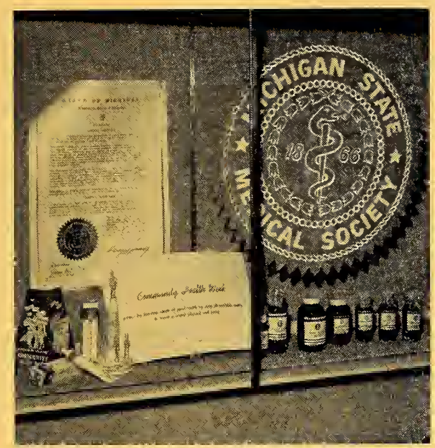
In Michigan, the effort was jointly conducted by the Michigan State Medical Society, the Michigan Health Council and the Michigan Association of the Professions—with excellent support also from the Michigan State Pharmaceutical Association.

Following is only a brief review of some of the projects:

At Cadillac—William W. Moon, M.D., appeared with John A. Doherty, Health Council executive, and others in a special half-hour television program over WWTV.

At Detroit—J. L. Hudson provided a window display which pointed out that "Community Health Week protects the priceless assets of good health by using all available means to insure a sound, physical well being."

In Muskegon—An ambitious weeklong observance saw local physicians as donors at the Red Cross Blood Center, holding open house at various medical facilities and conducting a career program at Mercy Hospital. *The Chronicle* carried daily articles, one declaring that the "Community Is Rich In Medical Skills."



The standup tower, in the lower left-hand corner of this J. L. Hudson window in downtown Detroit, was one of the promotional hits of the Michigan Community Health Week.

Across the State—MSMS members displayed an attractive red-white-blue tower poster in their reception rooms.

At Escanaba—The *Escanaba Daily Press* reported that a new "Health Resources Guide for Teachers" had been distributed by the Michigan Health Council there and throughout the state.

Vote Five Physicians To Board of Mental Health Society

Five doctors were elected to the board of directors of the Michigan Society for Mental Health at its annual membership meeting. Elected for the first time were Marjorie P. Meyer, M.D., and Francis P. Rhoades, M.D., both of Detroit; and re-elected were Peter A. Martin, M.D., and S. D. Steiner, M.D., both of Detroit, and Raymond W. Waggoner, M.D., Ann Arbor.

The Society adopted a resolution of appreciation to O. R. Yoder, M.D., retired superintendent of the State Hospital at Ypsilanti.

Robert A. Kimmich, M.D., Director of the Michigan Department of Mental Health, was one of the speakers.

MARQUETTE — The Newberry State Hospital has opened a field office at Marquette as the Michigan Department of Mental Health seeks to improve its services.

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SAGINAW—The Saginaw County Medical Society has designated Carl G. King as its new executive secretary. He has operated the Doctors Business Bureau since 1947 and has been business manager and publisher of the county society *Bulletin* since 1949.

In January Issue

In the January issue of MICHIGAN MEDICINE watch for an authoritative paper by John A. Cowan, M.D., Director, Michigan Department of Health, Division of Adult Health, on the venereal disease problem in Michigan, including the problems and present philosophy of venereal disease control in the state.

Drs. J. H. Webster and John Postle report a cervical cytology survey in Emmet and Charlevoix Counties, including background information regarding organizational structures and details in regard to classification and interpretation of Papanicolaou smear data.

Dr. Colin Campbell, of the University of Michigan, discusses the prevention of post-spinal headache in obstetrics. Other timely articles include notes on partial amputation of the penis without post-operative stricture, traumatic chylothorax, and an interesting case report on a functioning pheochromocytoma with neuro fibromatosis but without hypertension.

Leukemia Findings Rated Top Medical News of '64

By the American Medical Association

Medical scientists found some strong evidence for the viral theory of human leukemia in 1964, stirring hopes for early proof of a virus-leukemia relationship and providing some of the year's top medical news stories.

A review of medical headlines in 1964 shows that other virus hunters made news, too. Investigators of viral hepatitis, for example, were heartened by a report that human hepatitis virus had apparently induced disease in a laboratory animal. If the work is substantiated, a long-needed break in hepatitis vaccine research would seem to be near.

Still other medical news in 1964 was made by:

—the harsh judgments on cigaret smoking rendered by the Public Health Service Surgeon General's Advisory Committee on Smoking and Health.

—emergence of the optical maser, or laser, as a potentially powerful weapon against some types of cancer, and ultrasound as an important diagnostic tool.

—the American Medical Association and the Food and Drug Administration as they began to trade information on drugs and drug therapy in a new program of cooperation and computerization.

—encephalitis of epidemic proportions in Texas and New Jersey, with a scattering of cases in several other states.

In some sections of the United States the medical news of the year was an epidemic. Infectious encephalitis, a viral disease believed transmitted in many cases by the bites of mosquitoes, appeared in epidemic proportions in parts of Texas and to lesser extents in Kentucky, Illinois and Colorado.

Elect Four Physicians To U. S. Congress

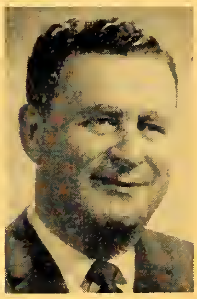
WASHINGTON, D. C.—Four physicians were elected to Congress at the November election. Incumbents Durward G. Hall, M.D., (R-Mo.) and Thomas E. Morgan, M.D., (R-Pa.) were returned to the House and Ernest Gruening, M.D., (D-Alaska) was re-elected to the Senate.

One physician, Tim Carter (R-Ky.), was sent to Washington for his first term.

Doctor Morgan coincidently defeated another physician, Paul P. Riggle, M.D., in the race for the 26th Congressional District seat from Pennsylvania.

Elect Physician To State Board Of Education

Leon Fill, M.D., Huntington Woods, will take office January 1, as one of the members of the new State Board of Education, following his election November 3.



A democratic candidate for the Board, Doctor Fill was the only physician elected to a position in Michigan government. The new eight-member State Board was created in the 1962 Constitution and has been vested with "leadership and general supervision of all public education, including adult education and instructional programs in state institutions, except as to institutions of higher learning granting baccalaureate degrees." In a pre-election statement, Doctor Fill expressed the opinion "that this body must exercise utmost caution to guarantee cooperation with other constitutional bodies designed to deal with education."

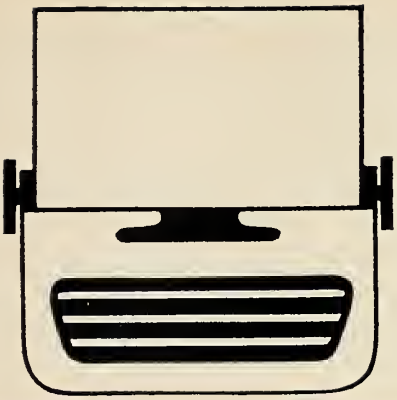
Doctor Fill received his B.S. degree at Wayne State University and his M.D. degree from Laval Medical School, Quebec.

Information Overload

The physician of today recognizes clearly his own personal responsibility for continuing self education. He meets this through postgraduate courses, local state and national meetings, conferences, and most commonly by way of journals. The physician, as much as any citizen, is brought to an immediate daily recognition of information overload with the arrival of each day's mail. In the mail, he receives a daily challenge to be critical in selecting his reading and thus guiding his own continuing education.

This challenge is accented by the Wall Street Journal which reports that enough technical papers are published in the world every day to fill seven sets of the twenty-four volume Encyclopedia Britannica. It is reported that there are 50,000 scientific journals being published; 60,000 scientific and technical books being printed yearly; 100,000 research papers, and 1,200,000 articles.

Information of this type gives pause to your editor who must strive at all times, therefore, to make the content of "Michigan Medicine" of sufficient interest, quality, and variety so that the members of our State Society can, in their critical judgment, place MICHIGAN MEDICINE among those self education devices that are utilized for information before the point of overload.



EDITORIAL VIEWS

Physician, Where Are You?

Medical manpower is always a topic of interest and it is generally accepted that there is a need for an increase in the output of physicians to meet the future needs of our nation. In addition, there are existing problems in the distribution of doctors in that some major communities have more physicians by far than other areas of the country. Greater productivity of the physician has clearly taken place in the United States where the number of physician visits has doubled in the past twenty-five years while the ratio of the doctors to the population has remained essentially stable.

It is interesting to note that this increased efficiency has not occurred in nations like England and the Scandinavian countries where no "economic bar" to the seeking out of medical service exists.

And yet, we are caught in a dilemma. On the one hand, the output of American medical schools has risen 117% in the last forty years while the population has increased 76%. On the other hand, the relative number of physicians in private practice has declined. In 1950, in the United States, there were 107 private practitioners per 100,000 members of the population. By 1955, this number had fallen to 102 and, by 1960, had fallen further to 98 and rested, by 1962, at 97 physicians per 100,000 members of the population.

Yet, at that same time, the total number of doctors of medicine increased from 232,000 in 1950 to 289,000 in 1962. Over that period of time, the ratio of physicians to the population remained relatively constant.

One seeks, then, to learn where the physicians have gone who are no longer in private practice. The largest area is that of training programs. A total of 21,400 physicians were in training programs in 1950 and an additional 10,000 were thus occupied by 1955, with the figure rising further to 38,517 in 1962. In the year 1950, 12,576 physicians worked for the Federal government in one capacity or another, including the military. Those employed by the government had risen in number to 14,212 by 1960 and to 18,551 by 1962. All other non-federal, non-private practice, non-training physicians totaled 16,800 in 1950, had increased to 25,197 by 1955, and to 29,686 by 1962. This last category includes physicians employed by pharmaceutical houses, non-federal governmental units, industrial physicians, insurance company physicians, and similar areas.

It would appear, then, that nearly 40,000 doctors of medicine are sequestered in training programs of one kind and another. In fairness, however, it should be recognized that these physicians in training do render a significant amount of patient service, even though they are not counted, nor should they be, in the private practice category.

It seems clear that we must seek even greater productivity of the physician and continued improvement in the use of medical facilities, resources, and personnel. We must look for more ambulatory instead of inpatient care, the continued development of home care programs similar to those now existing in nine Michigan counties, progressive hospital services, and an increase in production of manpower in all of the paramedical personnel areas. Many governmental agencies are involved in health care and in health care training today. In our free society, we must continue to look for private enterprise for leadership in all of these public functions.

Concern for "Crocks"

By John V. Fopeano, M.D.
Kalamazoo

The term "a crock" as applied to a fellow man is a cruel word and may have contributed much to dissatisfaction with medical care.

This informal diagnosis heard so often in the corridors of hospitals and coffee rooms may serve some useful purpose, but the gestures associated with its use make it a very damaging word—the pained facial expression of the speaker, the shrug of the shoulders, the significant sigh and other signs of irritation which close the door to further serious diagnostic efforts in the patient's behalf. This combination of word and gesture does violence to the professed interest of the doctor in the care of the sick and to the posture of the medical profession as the champion of suffering humanity.

The use of this term brands a patient in such a way that he is often deprived of the help which is available from persons with a different frame of reference.

* * *

JUST WHAT IS a crock? The term "crock" as applied to a human being is defined as a "worn-out superannuated person" but as used around the hospital it seems to be applied to a complaining person of any age for whom the speaker feels little can be done, and with whom he doesn't feel comfortable. More often than not it refers to someone who is not well understood, for whom there is no empathy, vanishing interest and little sympathy. He is a person who is thought to be beyond the reach of medicine in its present state of knowledge and development.

There is a strong temptation to try to wish such a person out of mind. This is done in various ways. One of the most unsatisfactory techniques of wishing him away is to call him a neurotic or crock and thereby deny responsibility.

It is certainly true that there are persons for whom a certain individual doctor can do nothing. By reason of a different cultural background or limitations of training and experience, one doctor may be completely unable to understand, sympathize with or even tolerate a certain type of patient. If medicine is to remain a free profession such a doctor should not be compelled to treat such a patient.

FORTUNATELY, HOWEVER, that which is one man's poison may be another man's meat. A rag, a bone and a hank of hair may be someone's Lady Fair. If not, it is futile and dishonest to advocate programs that promise every man medical care and respect for his personal dignity.

One doctor's crock may be many things to some other doctor; an interesting example of pellagra, hypothyroidism, chronic nephritis or some inborn error of metabolism, or perhaps he is material for research on arthritis or arteriosclerosis or genetics, or a challenge to those who are concerned with rehabilitation. To those interested in the broader aspects of disease he may represent an inspiring symbol of courage in the face of overwhelming odds or teaching material illustrating the mental mechanisms used to achieve peace of mind in the face of a cruel world. To someone he may be a benevolent benefactor who deserves a lifetime of gratitude and solicitous concern; to another a symbol of family stature.

To those who are trying to understand the sociology of disease he may be a problem of special interest illustrating the effect of urbanization upon family relationships or the interaction of persons with various cultural backgrounds. To others, one doctor's crock may represent a client who is in the market for sanitarium care or a good nursing home, or a consumer of goods and services for which he is able to pay.

To the politician he is a potential voter who will help to provide support for or against certain legislation. To some others he is an economic problem requiring help from private charity or from the various agencies equipped to meet these needs, such as the Bureau of Social Aid and Welfare, Family Service Centers, Visiting Nurses, Meals-On-Wheels, Friendly Visitors, etc. To still another he may be an unhappy soul seeking his God and of great interest to ministers of the Good News.

The list could be extended but this is enough to make the point.

* * *

THERE IS REASON to believe that everyone is or can be a person of interest to someone somewhere. He might even be of interest to his present doctor if that doctor would not too quickly close his mind to that possibility and avoid that attitude which is betrayed by the use of the diagnosis "a crock."

MSMS President Appoints Committees for 1964-65

Oliver B. McGillicuddy, M.D., MSMS President, announces the appointment of the following members as chairmen of MSMS Committees for 1964-65:

Advisory Committee of Past Presidents, O. J. Johnson, M.D., Bay City; Advisory Committee to Michigan State Medical Assistants Society, G. E. Millard, M.D., Detroit; Advisory Committee to Woman's Auxiliary, Milton R. Weed, M.D., Grosse Pointe Park; Committee on Aging, A. Hazen Price, M.D., Detroit;

Annual Session Program Committee, H. A. Towsley, M.D., Chairman, Ann Arbor; Committee on Blood Banks, L. W. Walker, M.D., Lansing; Committee on Cancer Control, H. J. VandenBerg, Jr., M.D., Detroit; Committee on Cardiac Disease Control, S. E. Chapin, M.D., Dearborn; Committee on Child Welfare, W. Kaye Locklin, M.D., Kalamazoo; Committee on Diabetes, W. M. Le Fevre, M.D., Muskegon; Committee on Ethics, E. A. Osius, M.D., Chairman, Detroit; Committee on Highway Accident Prevention, J. R. Rodger, M.D., Bellaire;

Committee on Iodized Salt, B. E. Brush, M.D., Detroit; Committee on Legal Affairs, Otto K. Engelke, M.D., Ann Arbor; Committee on Maternal Health, W. W. Jack, M.D., Grand Rapids; Committee on Mediation, D. R. Boyd, M.D., Muskegon; Committee on Medical Socio-Economics, H. F. Falls, M.D., Ann Arbor; Committee on Medicine and Osteopathy, J. J. Coury, M.D., Port Huron;

Committee on Mental Health, Benjamin Jeffries, M.D., Detroit; Committee on Occupational Health, E. A. Irvin, M.D., Dearborn; Committee on Postgraduate Medical Education, H. A. Towsley, M.D., Ann Arbor; Committee on Professional Insurance Plans, Fredrick Weissman, M.D., Southfield; Committee on Public Health, O. D. Stryker, M.D., Mt. Clemens; Committee on Public Relations, R. W. Teed, M.D., Ann Arbor; Committee on Respiratory Diseases, R. A. Rasmussen, M.D., Grand Rapids;

Committee on Rural Medical Service, R. E. Rice, M.D., Greenville; Committee on Scientific Radio and Television, G. H. Lowrey, M.D.; Committee on Venereal Disease Control, R. L. Mainwaring, M.D., Dearborn.

MICHIGAN AUTHORS

R. J. Allen, M.D., and **J. L. Wilson, M.D.,** Ann Arbor, "Urinary Phenylpyruvic Acid in Phenylketonuria," The Journal of The American Medical Association, Vol. 188, No. 8, May 25, 1964.

Jack C. Westman, M.D., Ann Arbor, "Nursery School: Outpost of Preventive Psychiatry," The Archives of General Psychiatry, January, 1964, Vol. 10.

OUR STATE SOCIETY

MSMS Concern for Aged Cited; New Booklet Offered

The Michigan State Medical Society is listed among "Statewide Organizations Interested in Older People" in the recent Michigan Commission on Aging publication, entitled "Services Available to Michigan's Senior Citizens."

The booklet also points out that MSMS and many of the others "have local advantages now available to Michigan's older people." The list of services includes health care, mental health help, housing, employment opportunities, adult education, and others.

A copy may be obtained from the Michigan Commission on Aging, 230 N. Grand, Lansing.

The 12-member Commission includes Albert E. Heustis, M.D., Lansing; Robert Kimmich, M.D., Lansing; Alexander H. Hirschfeld, M.D., Detroit, and Ruth E. Preston, M.D., Detroit.

MICHIGAN MEDICAL EVENTS

December 2—Annual Symposium on Trauma, Wayne County Medical Society, Detroit

December 3— American Academy of General Practice, Vascular Day, Bancroft Hotel, Saginaw

December 16-18—Michigan State Health Conference on Epidemiology, Jack Tar Hotel, Lansing

1965

February 22-26— Canadian-American Medical and Dental Ski Association, Boyne Highland, Harbor Beach

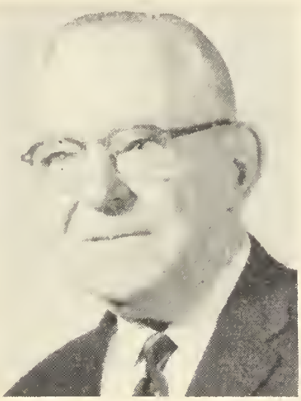
March 26-27—Congress of Michigan Association of the Professions, Pantlind Hotel, Grand Rapids

April 25—Michigan State Medical Assistants Society Seminar, April 25, Ann Arbor

FREDERICK AMASA COLLER, M.D.

Dr. Frederick A. Coller, one of the world's most distinguished surgeons and chairman-emeritus of The University of Michigan Medical School's Department of Surgery, died November 5 after a long illness at his Ann Arbor home. He was 77 years of age.

Once referred to as "a surgeon's surgeon," Doctor Coller was repeatedly honored, both in the United States and throughout the world, for his superlative professional skill.



One of these many honors came in February, 1963, when this Journal presented its "Master Surgery Member" and used on the cover of that issue a picture of Doctor Coller. An article in that issue, cited the impact of Doctor Coller's teaching throughout the world.

Another high tribute to Doctor Coller was the formation of the Frederick Coller Surgical Society. Brought into being out of admiration for their teacher, the society is composed of some 200 surgeons who took their training at his hand during his 27-year chairmanship at the University of Michigan. Almost exactly a month before Doctor Coller's death, the society held its 10th annual meeting in Ann Arbor and was addressed by the man it honors.

Born in Brookings, South Dakota, on October 2, 1887, Doctor Coller received his early education in public schools there. He earned a BS degree from South Dakota State College in 1906 and a master of science degree from the same institution in 1908. While in college, he captained the track and basketball teams and was president of the State Athletic Association.

Doctor Coller received the Doctor of Medicine degree (cum laude) from the Harvard Medical School in 1912, having been president of his class in 1909 and 1910, and a member of all the honorary societies.

He took his internship and residency training in surgery at Massachusetts General Hospital and, in 1915, served as resident surgeon with the First Harvard Unit to France during World War I. In October, 1922, he became a Fellow of the American College of Surgeons.

Doctor Coller joined the faculty of the U-M Medical School in 1920 as assistant professor of surgery, was named associate professor in 1923, professor of surgery in 1925 and chairman of the department in 1930, a position he held until his retirement in 1957.

He had been consultant-surgeon on the staff of the St. Joseph Mercy Hospital, Ann Arbor, from 1932 until the time of his death.

Doctor Coller was named a Fellow of the Royal College of Surgeons (Edinburgh) in 1954, the Royal College of Surgeons (England) in 1955, and an Honorary Fellow of the Royal College of University Surgeons of Denmark in 1963.

He received honorary degrees and awards from South Dakota State College, Hampden-Sydney College, Cleary College, Washington University, and an honorary doctor of laws degree from the University of Michigan in 1959.

He received a citation and gold medal from the Massachusetts General Hospital in 1961, the Faculty Award recognizing distinguished achievement from the U-M Development Council in 1957, and was elected to the Michigan Hall of Medical Fame in 1961.

Doctor Coller was president of the American College of Surgeons (1949-50) and had been a member of that organization's advisory council since 1951.

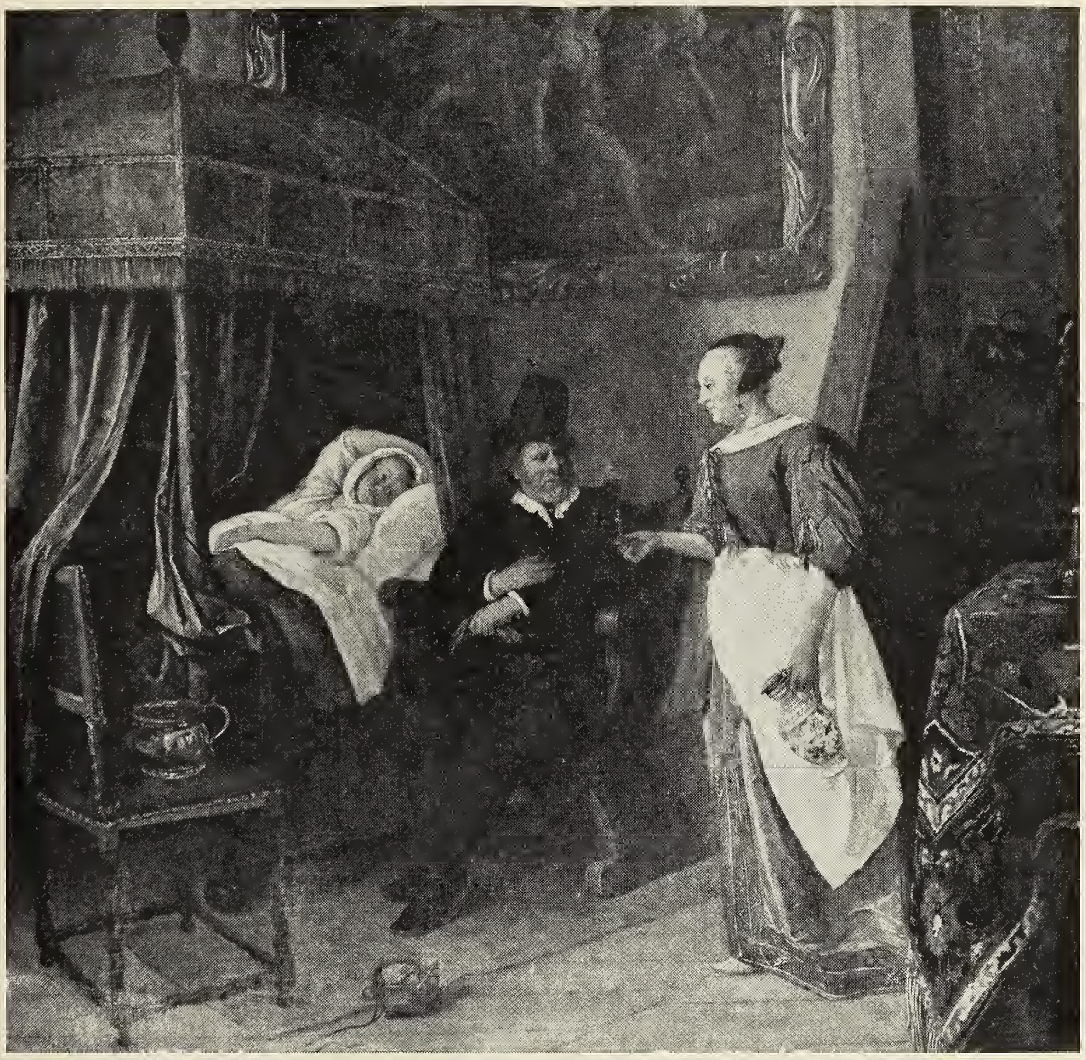
During World War II, Doctor Coller worked with the National Research Council and Office of Scientific Research on Committees on Surgery, Drugs and Medical Supplies, Infected Wounds and Burns. He served as a consultant to the Surgeon General's Office and was a member of several wartime committees of the American College of Surgeons, especially those working on problems of postwar medical education. He was also a member of the Advisory Board of Health Services of the American Red Cross.

Doctor Coller was a member of Alpha Omega Alpha, Phi Rho Sigma, Phi Kappa Phi, and Sigma Xi fraternities. During his career, he was the recipient of 16 lectureships.

Annals of Surgery, official publication of the American Surgical Association, the Southern Surgical Association, the Philadelphia Academy of Surgery, and the New York Surgical Society, published a 352-page Frederick A. Coller Commemorative issue in Doctor Coller's honor in 1961.

Doctor Coller is survived by his wife, Mrs. Jessie Coller; a daughter, Mrs. Jean Coller Allen of Midland, Texas; seven grandchildren; and two sisters, Miss Helen Coller and Mrs. Harry Innan, both of Laguna Beach, California. Another daughter, Carolyn Coller Ladd, preceded her father in death.

Funeral services were held in Ann Arbor. Memorial contributions may be made to the Frederick A. Coller Foundation at St. Joseph Mercy Hospital, Ann Arbor.



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1. Welch, C. E., Diverticula of the Alimentary Tract, in Conn, H. (editor): Current Therapy—1961, Philadelphia, W. B. Saunders Company, 1961, pp. 224-225.

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undesirable euphoria. Six years of widespread use h
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urpura, G.I. ulceration, increased intracranial pres-
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rally may mask outward signs of bacterial or viral
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ıuscle weakness and osteoporosis. Weight loss may
ccur early in treatment but is usually self-limiting.
ontraindications: While the only absolute contra-
ıdications are tuberculosis, herpes simplex and
hicken pox, there are some relative contraindications
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gravis, osteoporosis, fresh intestinal anastomoses, diverticulitis, thrombophlebitis, psychic disturbance, pregnancy, infection) to weigh against expected benefits.

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*Clinical report on file, Medical Department, A. H. Robins Co., Inc.

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LEGAL OPINIONS

Legality of Nonprofessional Persons Treating Occupational Injuries

By LESTER P. DODD
MSMS Legal Counsel

Dear Doctor:

I have your recent inquiry regarding the Legality of non-professional persons treating occupational injuries and other conditions in first-aid stations and clinics in Michigan.

Let me say at the outset that it would appear to be elementary that any treatment of occupational injuries or other physical conditions by non-professional persons which goes beyond the rendering of first aid is illegal.

The practice of medicine is defined in the Michigan Medical Practice Act (Section 14.539 M.S.A.) as "the actual diagnosing, curing or relieving in any degree, or professing or attempting to diagnose, treat, cure or relieve any human disease, ailment, defect, or complaint, whether of physical or mental origin, by attendance or by advice, or by prescribing or furnishing any drug, medicine, appliance, manipulation or method, or by any therapeutic agent whatsoever."

* * *

PRACTICING AS A registered nurse is defined in the Nursing Practice Act (Section 14.690 M.S.A.) as "performing any professional service requiring the application of principles of nursing based on biological, physical and social sciences, such as responsible supervision of a patient requiring skill in observation of symptoms and reactions and the accurate recording of same, and execution of treatments and medications as prescribed by a licensed physician, ********."

The practice of licensed practical nursing is defined in the same statute as "the performance of such duties as are required in the physical care of a patient and in carrying out of medical orders as prescribed by a licensed physician, requiring an understanding of nursing but not requiring the professional service as defined above (with respect to R.N.'s) *******."

* * *

ALTHOUGH THE COURTS have never shown a disposition to construe these statutory provisions with such technical nicety as to discourage the maintenance or use of first-aid stations and facilities, I think it obvious that the latter can never legally be permitted to take the place, when possible to make it available, of adequate licensed medical and nursing care.

One of the key words in the definition of medical practice is "diagnosing" and it is in this area that I believe one of the principal dangers lies in leaving it to non-professional persons to determine what care or aid should be given. Obviously, also, the care that is prescribed to follow an accurate diagnosis requires professional competence even in the case of seemingly minor injuries and should not habitually or as a matter of common practice be left to non-professional persons.

In my opinion, therefore, any first-aid station or clinic which assumes, as a matter of common practice, to give complete care to injured persons at the hands of non-licensed persons is in violation of both the letter and spirit of the law. By complete care I mean follow-up care beyond elementary first aid or by failing to refer patients to a licensed practitioner when more than elementary first aid is indicated.

Specifically you have asked my opinion as to "the legal status" of nursing care in industrial first-aid stations and clinics with respect to (1) Registered Nurses (R.N.'s), (2) Practical Nurses, and, (3) graduate Red Cross First Aid personnel. Since discussion of any of these points must necessarily take into account the degree to which the services are performed under the supervision and direction of a licensed physician, I shall attempt to summarize each in relation to the degree to which such supervision and direction is furnished.

1. R.N.'s

Generally speaking, it must be kept in mind that even an R.N. may not legally diagnose or prescribe but must act always at the direction of a licensed physician. Under the direction of a licensed physician, an R.N. may, of course, do many things that are not permitted to be done by a practical nurse or a layman as, for example, giving injections, drawing blood or giving medications. She may not, however, do these things in the exercise of her own independent judgment. It would appear to follow, then, that

(a) If a doctor is actually present, a registered nurse may perform any commonly accepted nursing practice to the same extent that she would be permitted to do in a hospital or in a doctor's office.

(b) If a doctor is in frequent attendance and actually sees and diagnoses the patient and leaves standing orders for continued nursing care, she could continue to carry out the doctor's orders even though he were not actually present.

(c) If, however, a doctor is only infrequently in attendance and leave only general "nursing orders" which do not relate to particular patients but amount to no more than general instructions under which the nurse is permitted to make her own diagnosis and exercise her own judgment, such practice would not, in my opinion, be legally acceptable.

The whole situation, it seems to me, boils down to a rather simple, basic consideration—is the patient diagnosed and treated under the direction of a physician or is he for practical purposes diagnosed and treated by a nurse. The former is acceptable. The latter is not acceptable.

2. PRACTICAL NURSES (L.P.N.'s)

Since an L.P.N. is far more restricted in what she can legally do than is an R.N., it follows, of course, that all of the restrictions which I have pointed out above as applying to R.N.'s must also apply to L.P.N.'s in addition to other restrictions which do not apply to R.N.'s. For example, L.P.N.'s may not legally give injections, draw blood or administer medications. Nor may an L.P.N. exercise the same degree of judgment in following out a physician's orders as might be permissible for an R.N.

3. FIRST-AID PERSONNEL (Red Cross trained)

Clearly, first-aid personnel may legally perform such services only as are recognized first-aid measures. They may not diagnose or prescribe or render follow-up care on their own responsibility. It is important to keep in mind that first-aid personnel, no matter how well trained, function for the purpose of rendering first aid and are not to be regarded as substitutes for physicians and nurses in the care and treatment of the sick or injured.

I am sure that no one wants to be super-technical about minor encroachments upon the practice of medicine or nursing in isolated instances. I feel, however, that if a first-aid station or clinic is set up and operated upon a basis which contemplates furnishing not merely first-aid but assumes to give follow-up care or complete care without such care being under the direction and responsible supervision of licensed physicians and nurses, such operation is not legally defensible and is dangerous not only to patients but to the doctors and nurses who associate themselves therewith.

Annual Clinical Conference

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Clinical Conference Committee
Chicago Medical Society
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Chicago, Illinois 60604

Officers of the Woman's Auxiliary to MSMS were installed at the annual Auxiliary convention in Detroit. They are, left to right, Mrs. Wm. G. Gamble, Jr., Bay City, Second Vice-President; Mrs. Henry Scovill, Ypsilanti, First Vice-President; Mrs. Rufus H. Reitzel, Mount Clemens, President-Elect; Mrs. Milton R. Weed, Detroit, President; Mrs. Robert J. Himmelberger, Lansing, Past President, who gives gavel to the new president.

Calhoun Medics, Pharmacists Meet

The Calhoun County Medical Society and the Calhoun County Pharmaceutical Association held a joint meeting in September at the Upjohn Company's Brookside Lodge near Augusta. The speaker was Norwood R. Newmann, professor of pharmacology at Ferris State College.

ANCILLARY SECTION

Flint Doctor to Head Radiology Board

Jackson E. Livesay, M.D., Flint, a former Speaker of the MSMS House of Delegates, will be installed in February as Chairman of the Board of Chancellors of the American College of Radiology. The installation will be at the annual College meeting.

Doctor Livesay, a past president of both the Detroit Roentgen Society and the Genesee County Medical Society, is a fellow and Chancellor of the College.

Internal Medicine Society Selects New Leaders

B. C. Payne, M.D., Ann Arbor, has been selected as President-Elect of the Michigan Society of Internal Medicine for 1965-66. Serving as the new President is Carl B. Beeman, M.D., Grand Rapids.

The Society also has renamed Richard C. Bates, M.D., Lansing, as Secretary-Treasurer, and elected the following as Trustees—Norman F. Bach, M.D., Owosso; Gordon W. Balyeat, M.D., Grand Rapids; Franklin W. Baske, M.D., Flint; John B. Bryan, M.D., Detroit; Hugh W. Henderson, M.D., Detroit; John G. Milliken, M.D., Traverse City; George W. Slagle, M.D., Battle Creek; Arthur W. Strom, M.D., Hillside; C. J. Tupper, M.D., Ann Arbor; Richard E. Wunsch, M.D., Traverse City; Clayton K. Stroup, M.D., Flint, immediate past-president, and Noyes L. Avery, Jr., Grand Rapids, as ex-officio member.

Grand Rapids Doctor to Lead General Practice Section

Fred C. Brace, M.D., Grand Rapids, will serve as chairman of the General Practice Section for 1965. He was chosen at the Section Meeting during the Annual Session.

Also named were Arthur Levant, M.D., Detroit, as Secretary. Douglas Haddock, M.D., Kalamazoo, was chosen as ex-officio delegate to the MSMS House of Delegates, and Lyle Korum, M.D., Detroit, as alternate.

Martin Schaeffer, M.D., Leads Detroit Psychoanalytic Society

Serving as President now of the Detroit Psychoanalytic Society and Institute is Martin Schaeffer, M.D.

Other leaders of the Society are Joseph Jacob, M.D., Vice-President; William Purves, M.D., Secretary; Paul Feldman, M.D., Treasurer; Morton Barnett, M.D., and Edward Fine, M.D., Representative Councilors, and Jean B. Rosenbaum, M.D., Program Chairman.

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Winthrop N. Davey, M.D. (left), of Ann Arbor, president-elect of the American Thoracic Society, and Gordon M. Meade, M.D., director, medical education, ATS, confer regarding programs to intensify control of tuberculosis at the recent annual meeting of the Michigan Tuberculosis and Respiratory Disease Association in Detroit.

P. T. Chapman, M.D., To Lead TB Society

Paul T. Chapman, M.D., TB controller for the City of Detroit, is the new President of the Michigan Tuberculosis and Respiratory Disease Association for a one-year term.

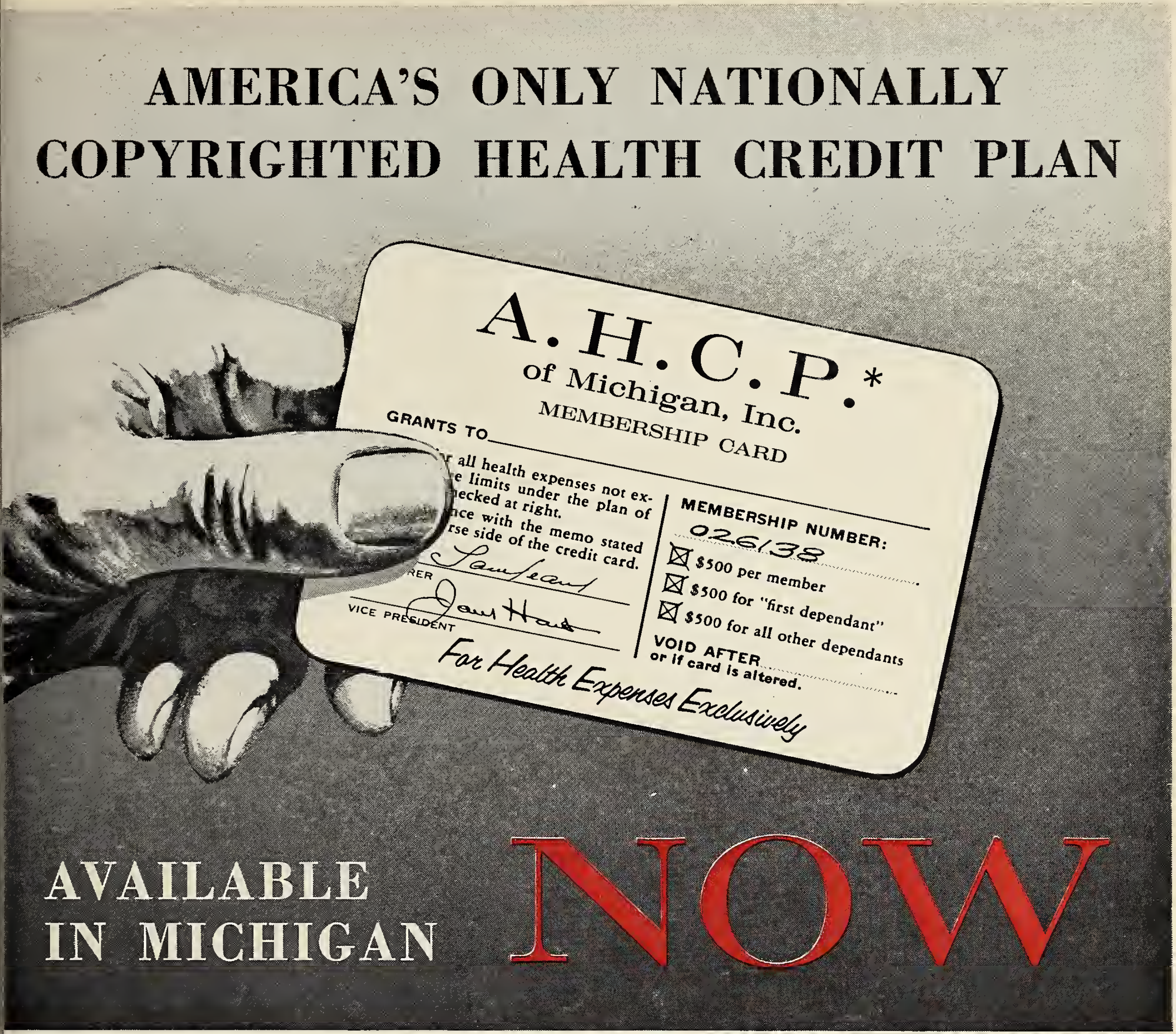
He succeeded Lloyd Humbarger, Battle Creek attorney, at the 57th annual meeting of MTRDA in Detroit, Oct. 22.

Arthur W. Strom, M.D., of Hillsdale, was elected second vice-president.

The board of trustees of MTRDA amended its by-laws to provide for the seating of three representatives to be designated by the Michigan Thoracic Society, thereby increasing its membership to 57. In state-wide membership balloting, three physicians were elected to serve three-year terms as MTRDA trustees-at-large. They are Ezra V. Bridge, M.D., Port Huron; Howard R. Eddy, M.D., Adrian, and Richard L. Jankoska, M.D., Bay City. Both Dr. Chapman and Winthrop N. Davey, M.D., of Ann Arbor, were re-elected by associations in their respective counties to serve as representative trustees on the MTRDA board.

Next Psychoanalytic Speaker

Natalie Shainess, M.D., New York City, will address the Detroit Psychoanalytic Society and Institute at 8 p.m., January 20, on the subject of "Female Sexuality," McGregor Memorial Building Wayne State University.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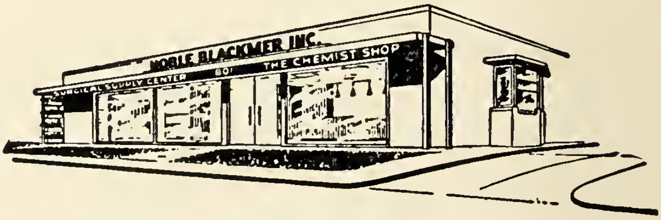

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The Case . . . For Leadership

By Brooker L. Masters, M.D.*
11th District Councilor
Fremont

One of the pleasant surprises of my first year as Councilor has been the obvious awareness of the rank and file members of our society to the political and economic whirlwinds which are buffeting our profession.

The doctors I talk to are eager and even hungry for facts concerning the organization side of medicine. It seems to me that this is a switch—

It has long been a theory of mine, and of many others, that the average doctor, be he general practitioner or specialist, couldn't care less about what happened in Washington or Lansing. The body politic might just as well be left to a few die-hards who wanted to shoot their mouths off anyway. And because of this apathy, I thought, the general image that our formal organizations created was poor, and always defensive.

That theory may have been true, but perhaps it is no longer. Is not our present problem a dearth of vital and dynamic leadership?

* * *

"OPERATION COMMON MAN" which has been going on since the Industrial Revolution, or the Magna Carta if you insist, is one of the reasons why you and I have the opportunities we do today. It is a tremendous thing and morally right. But it is not without mixed blessings. The more society promotes the common denominator, the less it creates a climate conducive to strong leadership. Can society progress efficiently without a Washington, Disraeli, Lincoln, or a Churchill? This is an important question, I feel, and I would hope that some of you might pause for a few minutes to consider—

What odds there are against the development of truly great men today! The intense glare of public scrutiny in this mid-twentieth century would wither the most stout-hearted.

Where are the rewards?

Many times a leader steps forward only at the risk of personal sacrifice, be it his good name or even financial jeopardy. Certainly we have long made service and leadership a "poor pay" proposition. Only a few of the qualified make it through to success in face of this.

Now I feel this is wrong. We must be developing many minds capable of great leadership today. They need to be uncovered, nurtured, and supported. This is true in politics, foreign service, education, and in all facets of our society. Yes, and really so in medicine—(Haven't you wondered—and gazed in awe!—how Dr. Annis so quickly became the spokesman for the AMA? Isn't it only that even our august parent organization hungers for true dynamic leadership?)

* * *

WE HAVE MANY potential leaders in our midst I am sure. They will be stepping forward in the years to come, but they need support from all of us.

This applies to all levels. The chief of a section, chief of staff, delegate, president of a county or state society—all along the line—these should be the best men, not just one whose "turn" it is to serve. Then everyone should give him his best, not the cloak-room back-of-the-hand. He will make mistakes, for he is human. These should not be the cause for gossip or maligning, but for more help from the rank-and-file, especially if he is good enough to be elected in the first place. This kind of support will hatch leaders just as surely as water and fertilizer will produce a bumper corn crop!

Medicine has been the last to recognize its social position and obligations. We, therefore, need a big dose of the leadership hormone. Have you checked this titer in your county or state group lately?

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*This article is reprinted by permission of the *Muskegon County Medical Society Bulletin.*

TV Cameras to Focus On Medicine, Religion

A television program, "Formula for the Whole Man" will be aired over WJIM-TV, Lansing, at 4:30 p.m. December 20, featuring the MSMS Committee on Medicine and Religion.

The pre-holiday time is ideal for this program and the Program Moderator Hugh W. Brenneman, MSMS Executive Director, will set the stage in his opening comments: "Physicians and clergymen are dedicated to the common task of healing bodies, minds and souls. The problems these men are concerned with are diverse and vital. They deal with life and death, adjustments to deformities and disabilities, suicide, terminal illness . . . even psychological disturbances."

The program will include Rev. Paul B. McCleave, Director of the AMA Department of Medicine and Religion; Richard L. Rapport, M.D., Flint, Chairman, MSMS Committee of Medicine and Religion; and W. Clarence Beets, M.D., Grand Rapids, a member of this new MSMS Committee.

The program is one of the weekly WJIM-TV public-service features presented by the Michigan Association of the Professions.

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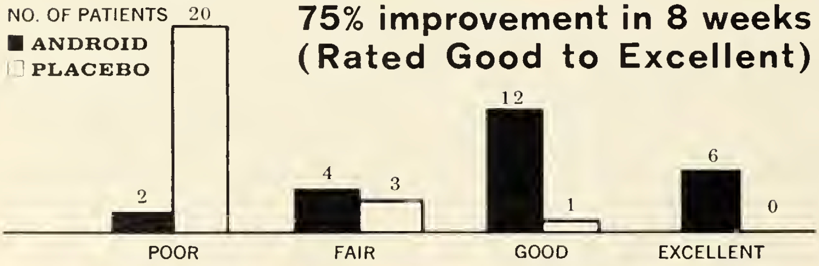

* 1. *Treatment of Impotence with a Methyltestosterone-Thyroid Compound (Android)*, M. H. Dubin, *Western Medicine*, 5:67 Feb. 1964.
2. *Methyltestosterone-Thyroid in Treating Impotence*, A. S. Titeff, *General Practice*, Vol. 25, No. 2, February, 1962, pp. 6-8.
3. *Thyroid-Androgen Relations*, L. Hellman, et al., *The Jrl. of Clin. Endocrinology and Metabolism*, August 1959.
4. Brochure Discussing Thyroid-Androgen Interrelationship.

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By Robert Coulson*
Member, Illinois Senate

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"For my profit," he continued, "all I want is a note for thirty thousand dollars payable twenty years from now, and signed by your relatives and neighbors."

My first reaction was suspicious refusal. It seemed that he was making too much profit. There was too great a difference between five thousand dollars advanced now and thirty thousand dollars repaid in twenty years. But then the gnawing doubts began to assail me.

* * *

I WOULD NOT have to repay any of it. Perhaps my children and neighbors could easily afford the money when the debt came due. Perhaps none of them would be alive. Perhaps they will have moved away, and he cannot find them to serve the legal papers on them. Perhaps my grandchildren and neighbors can win the case in court twenty years from now. Perhaps there will be wild inflation then, and thirty thousand dollars will seem nothing. Perhaps this country will be conquered by another country, or become involved in a civil war, and the debts will all be voided.

If any of these things happen; if there is any kind of inflation, repudiation, or invasion, then I could beat the game and have a Cadillac for ten dollars.

And even if none of those things happen within the twenty years, my grandchildren and the neighbors' grandchildren can refinance the note and promise to pay sixty thousand dollars in twenty more years, and they can wait for the inflation, repudiation, or invasion.

* * *

THERE IS A GREAT TEMPTATION to gamble on the hope that Something Will Happen. Meanwhile, the Cadillac would be mine to enjoy. So I selected a white convertible, paid the ten dollars, and drove happily away.

But how did that huckster and I manage to get my relatives and friends to sign those notes? Easy! We cut them in on the same deal. And to salve their consciences, we put cars at the bottom of the list and offered them education, medical care, and similar goods and services that they desperately needed. We had no trouble at all in getting them to vote on the scheme and turn the whole thing over to our government officials to handle for us. After all, isn't that why we elect them?

So I am driving a white Cadillac. My elderly neighbors across the street are receiving their monthly checks from Washington. My neighbor's children next door are all in college at little cost to the parents. The other next-door-neighbor gets food coupons, plus a check from his government for not working.

And so on.

I expect that I will be dead before it is time to pay the piper. My grandchildren? Well, surely they will be at least as smart as I am. All they need do to beat the game in their time is to repudiate the debt, inflate the currency, or (if they are not too smart) refinance the national debt.

* * *

YOU KNOW, sometimes I suspect that something is wrong with this whole scheme of more benefits from Washington at no cost except an increase in the national promise to pay in the distant future. But I don't seem to be able to explain it—even to myself; after all, I *am* driving that white convertible.

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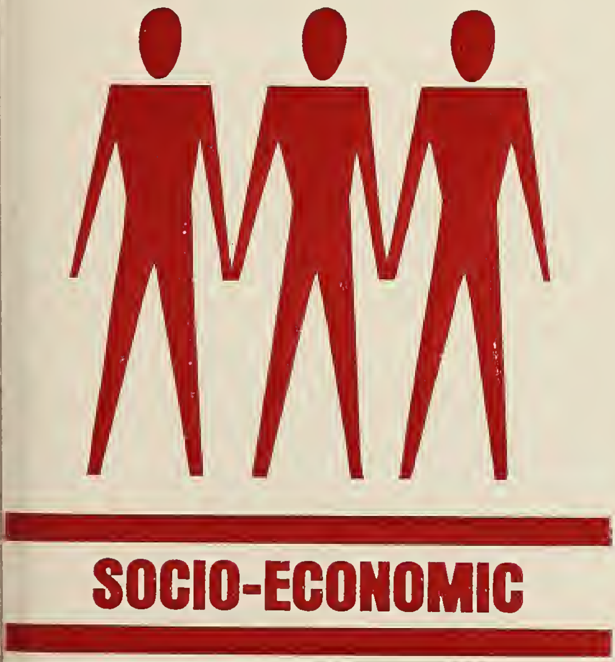
*The Honorable Robert Coulson is a former Mayor of Waukegan, Illinois, now a member of the Illinois State Senate, a lawyer and banker and occasional contributor to magazines. The article is reprinted with permission of *The Freeman.*



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IN MEMORIAM

ROBERT S. BALLMER, M.D.

Robert S. Ballmer, M.D., 59, a former delegate to the MSMS House of Delegates, died November 8, 1964, in Midland.

A 1934 graduate of the University of Michigan School of Medicine, he interned at the University Hospital. Following his internship, he became resident in internal medicine and later an instructor in internal medicine at the University Hospital. In 1938 he entered private practice in internal medicine in Midland.

From 1948 to 1964 Doctor Ballmer was chief of medicine at Midland Hospital and served as chairman of the executive committee. He was also on the consulting staff of Saginaw General Hospital.

Doctor Ballmer was a Diplomate of the American Board of Internal Medicine, a Fellow of the American College of Physicians and the American College of Allergists. His memberships included the American Academy of Allergy and the American and Michigan Heart Associations.

DONALD H. DUFFIE, M.D.

Donald Hastings Duffie, M.D., 84, retired Antrim County physician, died September 7, 1964, at the home of his son in Madison, Wisconsin.

A 1920 graduate of George Washington University Medical School, Doctor Duffie began practice at Central Lake in 1922. He continued his medical practice there until his retirement last year because of failing health.

Doctor Duffie was a Life Member of the Michigan State Medical Society.

LUCIUS A. FARNHAM, M.D.

Lucius A. Farnham, M.D., 87, Pontiac physician and surgeon for more than 50 years, died September 9, 1964.

Doctor Farnham graduated from the University of Michigan Medical School in 1905. He practiced in Trimountain, Michigan, for six years before beginning practice in Pontiac in 1911.

Doctor Farnham was mayor of the city of Pontiac in 1930, after serving as city commissioner for six years previously. He was on the staffs of Pontiac General and St. Joseph Mercy Hospitals.

Doctor Farnham was a Life member of the American College of Surgeons, a Fellow of the Academy of International Medicine and a Life Member of the Michigan State Medical Society.

JACOB D. MULDER, M.D.

Jacob D. Mulder, M.D., 79, Grand Rapids, retired superintendent of Pine Crest Christian Hospital, died October 14, 1964, of injuries suffered in an automobile accident.

Doctor Mulder obtained his medical degree from Rush Medical College, Chicago, in 1916, and spent six years as a missionary doctor among the Navajo Indians in New Mexico before beginning as superintendent of Pine Rest Hospital in 1922. He served as the Hospital's superintendent and medical director until his retirement in 1956, when he became a consulting psychiatrist to the Hospital.

Doctor Mulder was a Life Member of the Michigan State Medical Society.

MARCUS B. TIDEY, M.D.

Marcus B. Tidey, M.D., 67, former chief of surgery at Butterworth Hospital, Grand Rapids, died October 27, 1964, at Rockford.

Born in Newark, New Jersey, Doctor Tidey graduated from the University of Michigan School of Medicine and began practice as a surgeon in Grand Rapids in 1929. In 1956, Dr. Tidey moved to Rockford where he went into semi-retirement, resuming practice in 1960 until 1963.

Doctor Tidey was a member of the American College of Surgeons, Phi Chi medical fraternity and an Associate Member of the Michigan State Medical Society.

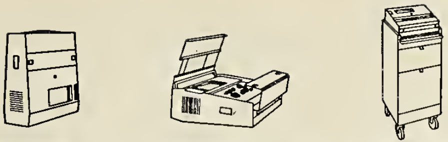
FRANK P. WALSH, M.D.

Frank P. Walsh, M.D., 52, Detroit orthopedic surgeon, died August 29, 1964.

Doctor Walsh was graduated from Northwestern University in 1939 and interned at Harper Hospital. He undertook postgraduate training at the University of Chicago Clinic's Home for Destitute and Crippled Children. His hospital affiliations included Harper, Woman's and Children's and St. John of Detroit.

He was a Diplomate of the American Board of Orthopaedic Surgery and a member of the American Academy of Orthopaedic Surgery, Clinical Orthopaedic Society, Detroit Academy of Surgery, American Rheumatism Association, Detroit Academy of Orthopaedic Surgery, and was a Civilian Consultant to the Surgeon General, United States Army.

Doctor Walsh was a former Associate Editor of the *Detroit Medical News* and a member of the Downtown Detroit Rotary Club.



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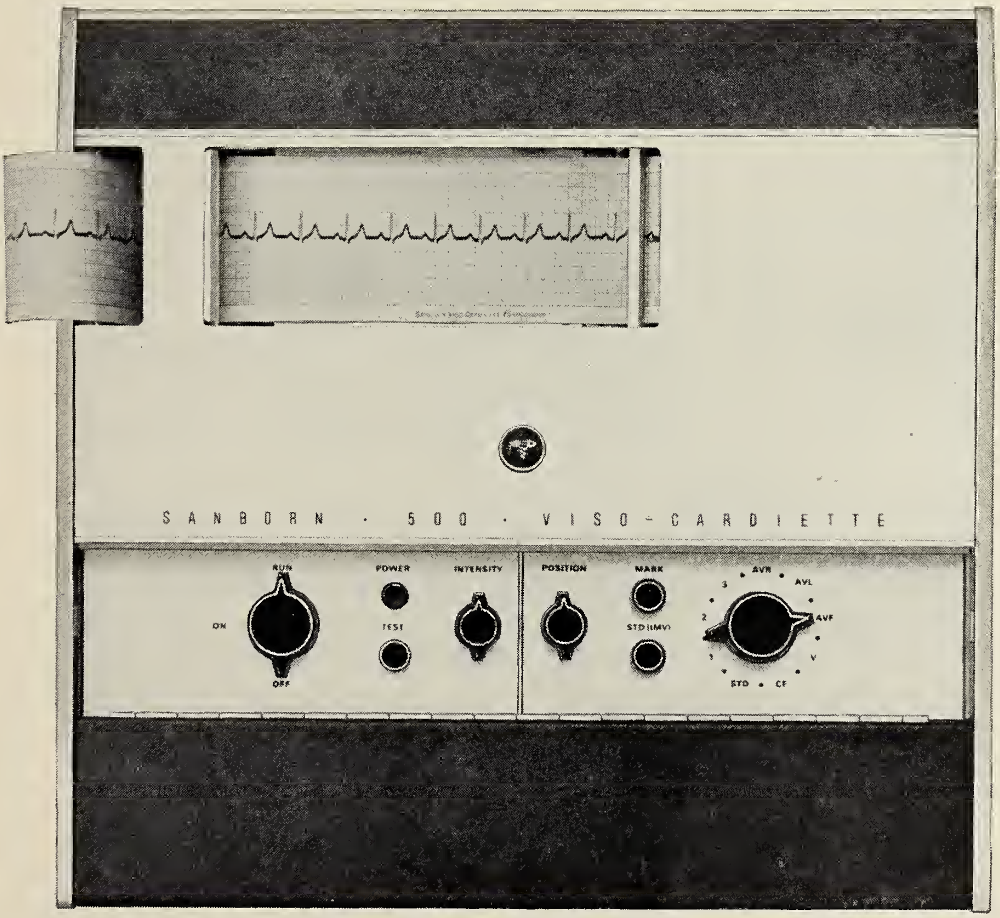

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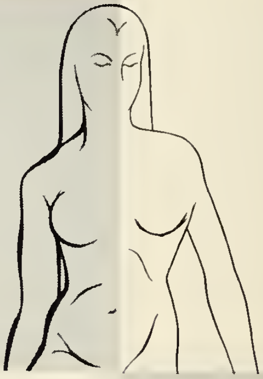

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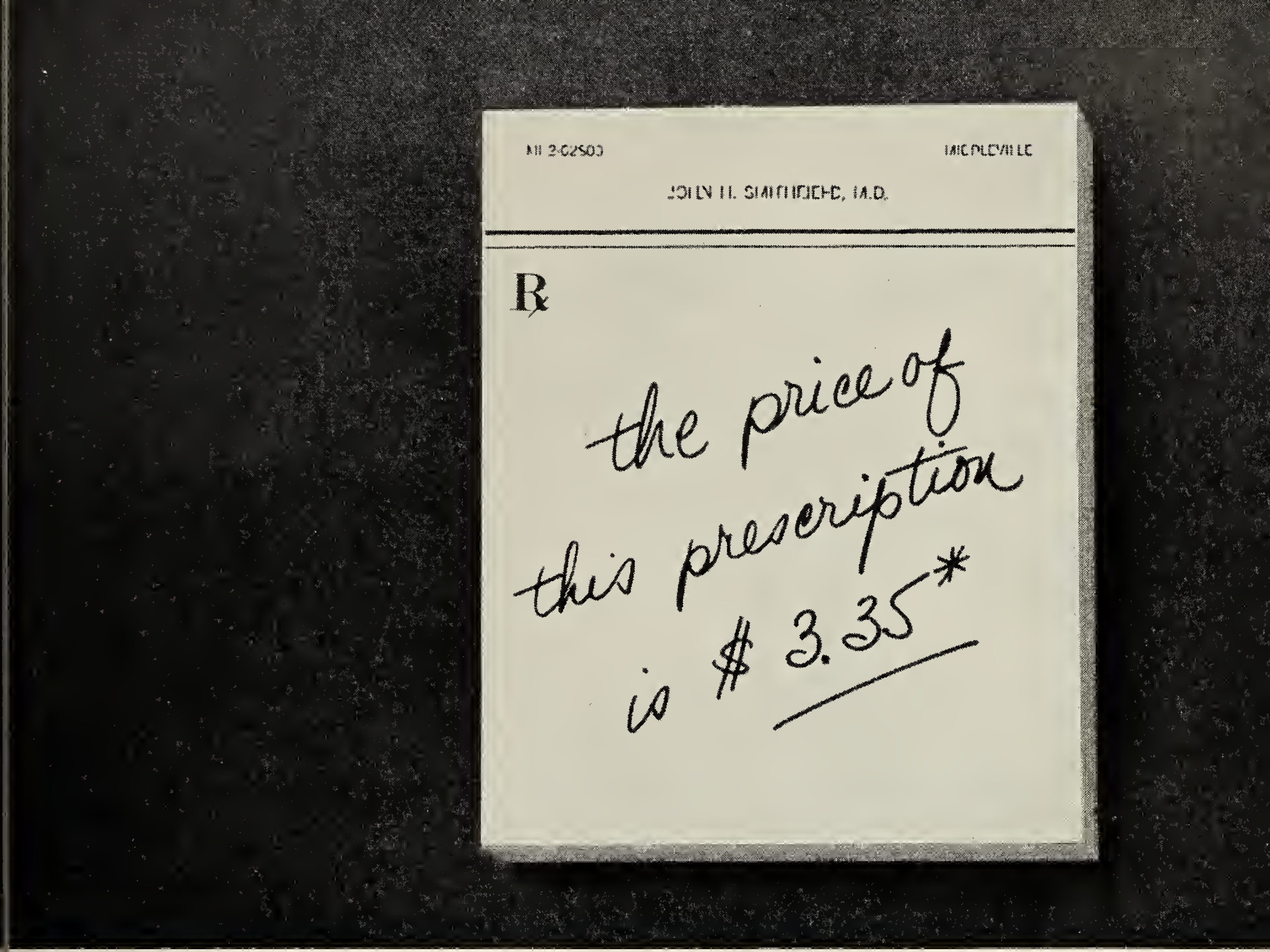

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(This number is composed of two sections, of which this is Section 2)

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Adrian (Lenawee)
Albion (Calhoun)
Algonac (St. Clair)
Allegan (Allegan)
Alma (Gratiot)
Almont (Lapeer)
Alpena (Alpena)
Ann Arbor (Washtenaw)

Bad Axe (Huron)
Bangor (Van Buren)
Battle Creek (Calhoun)
Bay City (Bay)
Belding (Ionia)
Belleville (Wayne)
Bellevue (Eaton)
Benton Harbor (Berrien)
Berkley (Oakland)
Berrien Springs (Berrien)
Bessemer (Gogebic)
Big Rapids (Mecosta)
Birmingham (Oakland)
Blissfield (Lenawee)
Bloomfield Hills (Oakland)
Boyne City (Charlevoix)
Brighton (Livingston)
Bronson (Branch)
Brookline (Jackson)
Buchanan (Berrien)

Cadillac (Wexford)
Calumet (Houghton)
Capac (St. Clair)
Carleton (Monroe)
Caro (Tuscola)
Carson City (Montcalm)
Cass City (Tuscola)
Cassopolis (Cass)
Cedar Springs (Kent)
Center Line (Macomb)
Charlevoix (Charlevoix)
Charlotte (Eaton)
Cheboygan (Cheboygan)
Chelsea (Washtenaw)
Chesaning (Saginaw)
Clare (Clare)
Clawson (Oakland)

CITY and COUNTY

Clinton (Lenawee)
Clio (Genesee)
Coldwater (Branch)
Coloma (Berrien)
Colon (St. Joseph)
Constantine (St. Joseph)
Coopersville (Kent)
Corunna (Shiawassee)
Croswell (Sanilac)

Davison (Genesee)
Dearborn (Wayne)
Decatur (Van Buren)
Detroit (Wayne)
Dexter (Washtenaw)
Dowagiac (Cass)
Dundee (Monroe)
Durand (Shiawassee)

East Ann Arbor (Washtenaw)
East Detroit (Macomb)
East Grand Rapids (Kent)
East Jordan (Charlevoix)
East Lansing (Ingham)
East Tawas (Iosco)
Eaton Rapids (Eaton)
Ecorse (Wayne)
Escanaba (Delta)
Essexville (Bay)
Evart (Osceola)

Farmington (Oakland)
Fenton (Genesee)
Ferndale (Oakland)
Flat Rock (Wayne)
Flint (Genesee)
Flushing (Genesee)
Fowlerville (Livingston)
Frankenmuth (Saginaw)
Frankfort (Benzie)
Fraser (Macomb)
Fremont (Newaygo)

Galesburg (Kalamazoo)
Garden City (Wayne)
Gaylord (Otsego)
Gladstone (Delta)

CITY and COUNTY

Gladwin (Gladwin)
Grand Haven (Ottawa)
Grand Ledge (Eaton)
Grand Rapids (Kent)
Grandville (Kent)
Grayling (Crawford)
Greenville (Montcalm)
Grosse Pointe (Wayne)
Grosse Pointe Farms (Wayne)
Grosse Pointe Park (Wayne)
Grosse Pointe Shores (Wayne & Macomb)
Grosse Pointe Woods (Wayne & Macomb)

Hamtramck (Wayne)
Hancock (Houghton)
Harbor Beach (Huron)
Harbor Springs (Emmet)
Hart (Oceana)
Hartford (Van Buren)
Hastings (Barry)
Hazel Park (Oakland)
Highland Park (Wayne)
Hillsdale (Hillsdale)
Holland (Ottawa)
Holly (Oakland)
Homer (Calhoun)
Houghton (Houghton)
Howell (Livingston)
Hubbell (Houghton)
Hudson (Lenawee)
Hudsonville (Ottawa)
Huntington Woods (Oakland)

Imlay City (Lapeer)
Inkster (Wayne)
Ionia (Ionia)
Iron Mountain (Dickinson)
Iron River (Iron)
Ironwood (Gogebic)
Ishpeming (Marquette)
Ithaca (Gratiot)

Jackson (Jackson)
Jonesville (Hillsdale)

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CITY and COUNTY

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Kalkaska (Kalkaska)
Kingsford (Dickinson)

Lake Linden (Houghton)
Lake Odessa (Ionia)
Lake Orion (Oakland)
Lakeview (Calhoun)
L'Anse (Baraga)
Lansing (Ingham)
Lapeer (Lapeer)
Laurium (Houghton)
Lawton (Van Buren)
Leslie (Ingham)
Lincoln Park (Wayne)
Livonia (Wayne)
Ludington (Mason)

Mancelona (Antrim)
Manchester (Washtenaw)
Manistee (Manistee)
Manistique (Schoolcraft)
Manton (Wexford)
Marcellus (Cass)
Marine City (St. Clair)
Marlette (Sanilac)
Marquette (Marquette)
Marshall (Calhoun)
Marysville (St. Clair)
Mason (Ingham)
Melvindale (Wayne)
Menominee (Menominee)
Michigan Center (Jackson)
Middleville (Barry)
Midland (Midland)
Milan (Monroe & Washtenaw)
Milford (Oakland)
Millington (Tuscola)
Monroe (Monroe)
Montague (Muskegon)
Morenci (Lenawee)
Mount Clemens (Macomb)
Mount Morris (Genesee)
Mount Pleasant (Isabella)
Munising (Alger)
Muskegon (Muskegon)
Muskegon Heights (Muskegon)

Nashville (Barry)
Negaunee (Marquette)
Newaygo (Newaygo)
New Baltimore (Macomb & St. Clair)
Newberry (Luce)
New Buffalo (Berrien)

CITY and COUNTY

Niles (Berrien)
North Muskegon (Muskegon)
Northville (Wayne & Oakland)
Norway (Dickinson)

Oak Park (Oakland)
Onaway (Presque Isle)
Ontonagon (Ontonagon)
Otsego (Allegan)
Ovid (Clinton)
Owosso (Shiawassee)
Oxford (Oakland)

Painesdale (Houghton)
Parchment (Kalamazoo)
Paw Paw (Van Buren)
Pentwater (Oceana)
Perry (Shiawassee)
Petersburg (Monroe)
Petoskey (Emmett)
Pigeon (Huron)
Pinconning (Bay)
Plainwell (Allegan)
Pleasant Ridge (Oakland)
Plymouth (Wayne)
Pontiac (Oakland)
Port Huron (St. Clair)
Portland (Ionia)

Quincy (Branch)

Reading (Hillsdale)
Reed City (Osceola)
Richmond (Macomb)
River Rouge (Wayne)
Riverview (Wayne)
Rochester (Oakland)
Rockford (Kent)
Rockwood (Wayne)
Rogers City (Presque Isle)
Romeo (Macomb)
Roseville (Macomb)
Royal Oak (Oakland)

Saginaw (Saginaw)
Saint Clair (St. Clair)
Saint Clair Shores (Macomb)
Saint Ignace (Mackinac)
Saint Johns (Clinton)
Saint Joseph (Berrien)
Saint Louis (Gratiot)
Saline (Washtenaw)
Sandusky (Sanilac)

CITY and COUNTY

Saugatuck (Allegan)
Sault Sainte Marie (Chippewa)
Schoolcraft (Kalamazoo)
Scottville (Mason)
Sebewaing (Huron)
Shelby (Oceana)
Southfield (Wayne)
South Haven (Van Buren)
South Lyon (Oakland)
Sparta (Kent)
Spring Lake (Ottawa)
Stambaugh (Iron)
Standish (Arenac)
Stanton (Montcalm)
Stockbridge (Ingham)
Sturgis (St. Joseph)
Sylvan Lake (Oakland)

Tawas City (Iosco)
Tecumseh (Lenawee)
Three Rivers (St. Joseph)
Traverse City (Grand Traverse)
Trenton (Wayne)

Union City (Branch & Calhoun)
Utica (Macomb)

Vandercook Lake (Jackson)
Van Dyke (Macomb)
Vassar (Tuscola)
Vicksburg (Kalamazoo)

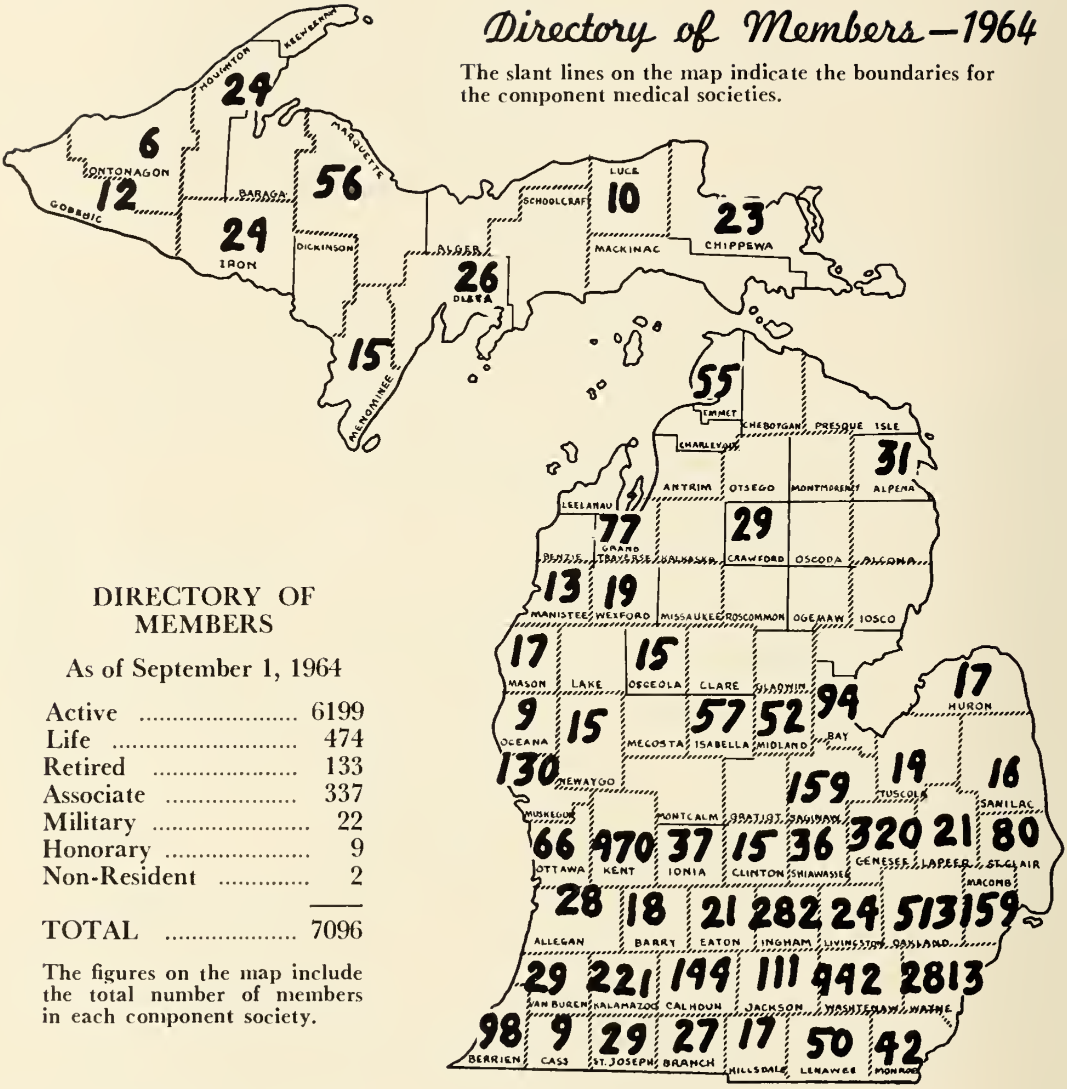
Wakefield (Gogebic)
Walled Lake (Oakland)
Warren (Macomb)
Watervliet (Berrien)
Wayland (Allegan)
Wayne (Wayne)
West Branch (Ogemaw)
Whitehall (Muskegon)
White Pigeon (St. Joseph)
Wyandotte (Wayne)
Wyoming (Kent)

Yale (St. Clair)
Ypsilanti (Washtenaw)

Zeeland (Ottawa)

Directory of Members—1964

The slant lines on the map indicate the boundaries for the component medical societies.


KEWEENAW
HOUGHTON
24
6
ONTONAGON
12
GOGEBIC
BARAGA
MARQUETTE
56
24
IRON
DICKINSON
15
MENOMINEE
ALGER
26
DELTA
SCHOOLCRAFT
LUCE
10
MACKINAC
23
CHIPPEWA
55
EMMET
CHEBOYGAN
PRESQUE ISLE
CHARLEVOIX
31
ANTRIM
OTSEGO
MONTMORENCY
ALPENA
LEELANAU
77
GRAND TRAVERSE
29
BENZIE
KALKASKA
CRAWFORD
OSCODA
ALCONA
13
19
MANISTEE
WEXFORD
MISSAUKEE
ROSCOMMON
OGEMAW
IOSCO
17
15
MASON
LAKE
OSCEOLA
CLARE
GLADWIN
17
HURON
9
15
57
52
94
OCEANA
MECOSTA
ISABELLA
MIDLAND
BAY
130
NEWAYGO
159
19
16
TUSCOLA
SANILAC
MUSKEGON
MONTCALM
GRATIOT
SAGINAW
66
970
37
15
36
320
21
80
OTTAWA
KENT
IONIA
CLINTON
SHIAWASSEE
GENESEE
LAPEER
ST. CLAIR
MACOMB
28
18
21
282
24
513
159
ALLEGAN
BARRY
EATON
INGHAM
LIVINGSTON
OAKLAND
29
221
199
111
992
2813
VAN BUREN
KALAMAZOO
CALHOUN
JACKSON
WASHTENAW
WAYNE
98
9
29
27
17
50
42
BERRIEN
CASS
ST. JOSEPH
BRANCH
HILLSDALE
LENAWEE
MONROE

DIRECTORY OF MEMBERS

As of September 1, 1964

Active	6199
Life	474
Retired	133
Associate	337
Military	22
Honorary	9
Non-Resident	2
TOTAL	7096

The figures on the map include the total number of members in each component society.

Michigan State Medical Society

Directory of Members, 1964

Listed by Component Medical Societies

(Special Memberships are indicated as follows: "L" for Life Members; "M" for Military Members; "N" for Non-Resident Members; "R" for Retired Members; "A" for Associate Members; all others are Active Members)
(Numbers in parentheses indicate County Society Code Numbers used in the Alphabetical Roster)

ALLEGAN COUNTY MEDICAL SOCIETY (10)

Brachman, A. Peter, Jr.............222 Trowbridge St., Allegan
Brown, Lewis F.............133 E. Allegan St., Otsego
Chase, Walter E.............137½ N. Main St., Plainwell
Clark, James I. (A).............Box B, Fennville
Doorn, Henry A.........3032 Burlingame Ave., Wyoming City
Everett, D. W. ....Plainwell Sanitarium, Plainwell
Goddard, G. B.............218 E. Orleans, Otsego
Goude, Albert G. (A).............Ahoada Co. Hospital, Ahoada, East Nigeria, West Africa
Hays, James D.............Douglas
Johnson, Elwin B.............144 Brady St., Allegan
Johnson, Harrison H. (L).............Wayland
Keller, Van O.............Otsego
Mahan, James E.............402 Trowbridge St., Allegan
Medill, Wilbur C.............139 N. Main St., Plainwell
Miller, Kenneth C.............Saugatuck
Mitchell, Abbott B.............County Health Dept., Allegan
Pone, Janis.............Martin
Proos, Richard A.............304 Dix St., Otsego
Ramseyer, Gladwin E.............125 E. Bridge, Plainwell
Schneiter, Harry E.............425 Cutler St., Allegan
Schock, William H.............315 Maple St., Saugatuck
Smith, Roger J.............723 S. Westnedge St., Kalamazoo
Topp, E. Robert.............2402 West B Ave., Plainwell
Topp, Elwin W.............502 N. Main St., Plainwell
Van Der Kolk, Bert.............Hopkins
Vander Voord, Gerald.............312 E. Plum St., Wayland
Vaughan, Willard R. (L).............Plainwell
Wiseman, Bertha A.............Box 177, Allegan

ALPENA-ALCONA-PRESQUE ISLE COUNTY MEDICAL SOCIETY (14)

Aliferis, Peter.............Alpena General Hosp., Alpena
Arscott, Edward F.............Rogers City
Brown, Donald C.............312 E. Chisholm St., Alpena
Bunting, John W.............110 N. 1st Ave., Alpena
Burkholder, H. J. (L).............122 N. Second Ave., Alpena
Cohn, Stuart L.............1253 W Washington, Alpena
Constantine, Aeneas.............Harrisville
Finch, Donald E.............Onaway
Foley, Richard.............Rogers City
Fox, William L.............601 W. Chisholm St., Alpena
Grause, Thomas J.............312 E. Chisholm St., Alpena
Hier, Edward A.............125 N. Second Ave., Alpena
Jackson, Wm. F.............Rogers City
Kessler, Harold.............312 E. Chisholm St., Alpena
Kutsche, W. F.............208 Lake St., Oscoda
Leopard, J. M.............312 E. Chisholm, Alpena
Lipski, John G. (A).......Traverse State Hosp., Traverse City
Nesbitt, Wm. E.............123 N. 2nd Ave., Alpena
Newman, Roy E.............Alpena General Hosp., Alpena
O'Dell, F. C., Jr.............110 W. Chisholm St., Alpena
Parmenter, Elbert S.............Box 192, Alpena
Ramsey, J. Allen.............312 E. Chisholm, Alpena
Ries, Robt. C.............Rogers City
Riker, John L.............303 N. Second Ave., Alpena
Rowell, Wilfred J.............Alpena Gen. Hosp., Alpena
Spens, James E.............123 N. Second Ave., Alpena
Stump, G. D.............123 N. Second, Alpena
Wagoner, Darwin E...........5007 N. Cedar Lake Rd., Oscoda
Watkins, T. M.............312 E. Chisholm St., Alpena
Wienczewski, T. W.............811 Chisholm St., Alpena
Wilson, Chas. S. (L).............730 State Ave., Alpena

BARRY COUNTY MEDICAL SOCIETY (18)

Birk, Wilbur R.............110 W. Center, Hastings
Brown, Jack A.............303 Broadway, Middleville
Castleman, Douglas H.............110 W. Center, Hastings
Finnie, Gordon M.............535 E. Francis, Hastings
Finnie, R. G.............535 E. Francis, Hastings
Gwinn, Alexander B.............118 E. Walnut, Hastings
Heaslip, Jos. D. (R).............627 W. Madison St., Hastings
Huebner, R. J.............110 W. Center, Hastings
Lofdahl, Stewart (R)...........Rt. 1, Box 172, St. Charles, Ill.
Logan, Wesley G.............City Bank Bldg., Hastings
Lundeen, John G.............595 Jordon Lake, Lake Odessa
Morrill, Charles E.............400 W. State St., Hastings
Myers, Thos. W.............307 N. Main St., Nashville
Noah, Melvin L. (A)...........St. Marys Hosp., Grand Rapids
Phelps, Everett L.............535 E. Francis St., Hastings
Pryor, Robt B.............400 W. State St., Hastings
Tromp, Jack L.............Rt. 3, Lake Odessa
Wedel, Herbert S.............110 W. Center, Hastings

BAY-ARENAC-IOSCO COUNTY MEDICAL SOCIETY (22)

Alcorn, Kent A..........1420 Center Ave., Bay City
Alcorn, Marshall W..........1420 Center Ave., Bay City
Allen, Arthur D..........101 W. John St., Bay City
Antle, Robert C..........101 W. John St., Bay City
Asbury, Richard B..........2110 16th St., Bay City
Asline, John N..........207 N. Walnut St., Bay City
Austin, Justus J. (R)..........Tawas City
Bowman, David A..........101 W. John St., Bay City
Bozdech, Jiri Josef..........900 N. Jackson, Bay City
Brenner, Frederick..........900 N. Jackson, Bay City
Brinkman, Harvey H..........116 W. State St., East Tawas
Brown, Geo. M..........207 N. Walnut St., Bay City
Campbell, Donald A..........700 Borton, Essexville
Campbell, John S..........1833 McKinley Ave., Bay City
Chapin, Fredk. J..........2121 Center Ave., Bay City
Cook, Hugh K..........101 W. John St., Bay City
Cook, Raymond R..........1115 Fifth St., Bay City
Cooper, James C..........705 Oak St., Essexville
Cosens, Stanley A..........101 W. John St., Bay City
Crissey, Robt. R..........101 W. John St., Bay City
Criswell, Robt. H..........721 Washington Ave., Bay City
Csonka, Nicholas..........1308 Columbus Ave., Bay City
Dardas, Michael J..........1413 Center Ave., Bay City
Dolbee, Malcolm K..........Box 518, Standish
Ellison, Alfred, Jr..........101 John St., Bay City
Ferguson, Robert..........101 W. John St., Bay City
Follis, Wm. M..........101 W. John, Bay City
Gamble, Wm. G., Jr..........2010 5th Ave., Bay City
Gehman, J. R..........Standish
Geneczko, John T..........1102 Columbus Ave., Bay City
Grigg, John W..........2110 Sixteenth St., Bay City
Hafford, Robert C..........101 W. John St., Bay City
Hagelshaw, Gayland L..........101 W. John St., Bay City
Hess, Chas. L. (R)..........(Address Unknown)
Heuser, Harold H..........916 Washington Ave., Bay City
Hickner, Lawrence P..........101 W. John St., Bay City
Horowitz, Saml. F..........1415 Center Ave., Bay City
Howland, Walter L..........P.O. Box 633, Pinconning
Huckins, Rodgers S..........1802 Broadway, Bay City
Jacoby, Abraham H..........2202 Ninth St., Bay City
Jacques, J. E..........Tawas City
Jaffe, Martin D..........2110 16th St., Bay City
Jens, Otto F..........1506 Prairie St., Essexville
Johnson, Orlen J..........207 N. Walnut St., Bay City
Jones, M. Culver..........900 N. Jackson, Bay City
Jones, Tyre K., III..........1912 Brentwood, Essexville
Kelly, Larry Stanley..........Tawas City
Kessler, Mana..........311 Center Ave., Bay City
Kessler, Sabina..........311 Center Ave., Bay City
Knobloch, Howard T..........1102 Columbus, Bay City
Kovacsi, Laszlo..........1903 33rd St., Bay City
Kruger, Harold F..........300 N. Henry, Bay City
Kulinski, Eugene J..........2110 16th St., Bay City
Langin, John L..........100 15th St., Bay City
Loree, Joseph..........1407 Center Ave., Bay City
MacRae, Leonard D..........813 Sherman St., Bay City
Mayne, John C..........101 W. John St., Bay City
McGee, Harry B..........101 W. John, Bay City
McGee, Peter L..........2110 16th St., Bay City
McSherry, Leo B., Jr..........1102 Columbus Ave., Bay City
Medvezky, Michael J..........1106 S. Madison Ave., Bay City
Miller, Edwin C..........101 W. John St., Bay City
Moeller, Arlyn..........700 Borton Ave., Essexville
Moore, Allen B..........700 Borton Ave., Essexville
Moore, Neal R..........704 N. Jackson, Bay City
Mosier, Dwight J..........101 W John St., Bay City
Nixon, Robert S..........101 W. John St., Bay City
Parks, Floyd R., Jr..........101 W. John St., Bay City
Payea, Norman P..........217 Newman St., East Tawas
Pearson, Stanley M..........101 W. John St., Bay City
Pelczar, Walter E..........321 N. Johnson St., Bay City
Prophater, Robt. C..........202 Boehringer Ct., Bay City
Rodda, E. H..........101 W. John St., Bay City
Rogers, Charles S..........101 W. John St., Bay City
Rowe, Paul W..........Mercy Hospital, Bay City
Schmelzer, Wm. J..........602 Mercer St., P.O. 746, Pinconning
Shafer, Harold C..........101 W. John St., Bay City
Shields, Hubert L..........101 W. John St., Bay City
Staley, Hugh O..........Omer
Standiford, David..........2110 16th St., Bay City
Stroia, Livius N..........101 W. John St., Bay City
Sutton, R. L., Jr..........116 W. State St., East Tawas
Sweet, Irwin..........Gladwin
Taheri, Zia E..........1411 Center Ave., Bay City
Tarter, Clyde S. (R)..........Star Route, Alpena
Tompkins, Dana A..........Pinconning
Treadway, Gaylord..........900 N. Jackson, Bay City
Vail, Harry F..........1107 Columbus Ave., Bay City
Way, John H..........83 Cedar Dr., Bay City
Wilson, Thos. G. (R)..........Rt. 2, Box 112H, Tawas City
Woodburne, Harris L..........1420 Center St., Bay City
Wright, Thomas B..........101 W. John St., Bay City
Zaremba, Aloysius J. (L)....108 S. Madison Ave., Bay City
Ziliak, Alois L., Jr..........3393 Kiesel Rd., Bay City

BERRIEN COUNTY MEDICAL SOCIETY (26)

Asselin, Dean R..........2817 S. State St., St. Joseph
Atkinson, Robert L..........1626 Langley Ave., St. Joseph
Bailey, John H..........2150 Samuel Ave., Benton Harbor
Beal, Gerald N..........Sheperd Benning Bldg., St. Joseph
Benner, Wm. H..........700 Empire Rd., Benton Harbor
Bieri, Dixon L..........208 Brown School Rd., St. Joseph
Bliesmer, August F..........505 Pleasant St., St. Joseph
Brink, John W..........811 Myrtle St., St. Joseph
Bronfenbrenner, Jack....687 E. Empire Ave., Benton Harbor
Bruni, John R..........1 South Fifth St., Niles
Camp, Donald C..........8 N. St. Joseph Ave., Niles
Carter, John H..........687 E. Empire Ave., Benton Harbor
Cawthorne, Harold J. (R)..........Rt. 4, Box 201, Coloma
Chickering, Wm. A..........205 E. Delaware St., Benton Harbor
Cilella, S. G..........Pawating Hospital, Niles
Conway, Jos..........Watervliet
Conybeare, Robt. C..........756 Pipestone, Benton Harbor
Cooke, Weldon..........Berrien County Hosp., Berrien Center
Cooper, Wm. L..........Rt. 1, Paw Paw Island, Coloma
Crowell, Richard C..........645 Riverview Dr., Benton Harbor
Dailey, Walter S..........122 Grant St., Niles
Dalgleish, Archie J..........460 N Main St., Watervliet
Elghammer, Richard M..........1106 Highland Ave., St. Joseph
Elliott, J. Colin..........802 E. Front St., Buchanan
Emery, Clayton S..........1020 Niles Ave., St. Joseph
Emery, Wm. K..........1020 Niles Ave., St. Joseph
Faber, Michael..........756 Pipestone St., Benton Harbor
Fattic, Grover R., Jr..........Box 427, Niles
Feeley, Marshall J..........2516 Niles Ave., St. Joseph
Friedman, Morris E..........Barton St., New Buffalo
Galles, James O..........275 Paw Paw Ave., Coloma
Garrett, Evan L..........P.O. Box 427, Niles
Gillette, Clarence (L)..........R.F.D. 4, M 60 W., Niles
Gould, Samuel H..........127 Napier Ave., Benton Harbor
Grayson, Chas. J..........4 Maple St., Three Oaks
Green, Barbara G..........2600 Morton St., St. Joseph
Green, Robt. L..........2600 Morton St., St. Joseph
Hassan, D. Kent..........802 E. Front St., Buchanan
Haupt, Edward C..........687 E. Empire, Benton Harbor
Hayes, Thos. P..........2821 State St., St. Joseph
Henderson, Fred C..........703 E. Main, Niles
Hershey, Noel J..........P.O. Box 222, Niles
Hills, David W..........2821 State St., St. Joseph
Holt, Robt. E..........9 S. St. Joseph Ave., Niles
Howard, Frank W..........756 Pipestone, Benton Harbor
Hudnutt, Dean..........811 Myrtle St., St. Joseph
Huff, Harold D..........126 Main St., Niles
Irgens, Edwin R..........11 Peoples St. Bk. Bldg., St. Joseph
Johnston, Wm. H..........2522 Niles Ave., St. Joseph
Kelsall, Harvey I..........1600 Niles Ave., St. Joseph
Kenfield, W. J..........505 Pleasant St., St. Joseph
Kennedy, F. Alan..........315 Fidelity Bldg., Benton Harbor

King, Frank A., Jr.............169 Michigan St., Benton Harbor
Klos, Henry J.........................2700 Highland Ct., St. Joseph
Krug, Edward G.................................12 N. Fourth St., Niles
Landgraf, Robt. L..P.O. Box 222, Niles
Learned, David W.........................870 Union, Benton Harbor
Leva, John B.......................1122 Salem Ave., Benton Harbor
Lindenfeld, Fredk. H......................8 N. St. Joseph Ave., Niles
Lininger, Richard E...............2712 Highland Ct., St. Joseph
Manning, John T...............1150 Miami Rd., Benton Harbor
May, A. J...2821 State St., St. Joseph
McLelland, J. T...Mercy Hosp. X-Ray Dept., Benton Harbor
McNabb, Arthur A. (L)..............................469 Main St., Watervliet
Mesirow, Stanley M.......687 E. Empire Ave, Benton Harbor
Miller, Edward A. (R)..........720 Seneca St., Seattle, Wash.
Moore, T. Scott...P.O. Box 416, Niles
Namtze, Chan..8 N. St. Joseph Ave., Niles
O'Toole, John........................133 E. Napier, Benton Harbor
Ozeran, Chas. J.....................127 E. Napier, Benton Harbor
Padelford, Wm. J..South Lyon
Payne, Charles E...............925 Pipestone St., Benton Harbor
Peshka, David K.....................................P.O. Box 427, Niles
Polansky, Sanford................84 W. Main St., Benton Harbor
Porter, Chas. B.................1589 Colfax Ave., Benton Harbor
Pritchard, Harold M................................502 Broadway, Niles
Qadir, Syed A...................................113 N. Portage, Buchanan
Quinn, Leo F...1111 Oak St., Niles
Rague, Paul O..................................960 Agard, Benton Harbor
Rambo, Joseph J...............................505 Lake St., Bridgeman
Ray, Dean K...2522 Niles, St. Joseph
Reagan, Robt. E..........................232 Windsor, Benton Harbor
Richmond, Dean M...................................314 State St., St. Joseph
Ruth, J. Griswold..............507 Britain Ave., Benton Harbor
Skinner, James W.....................460 Ridgeway St., St. Joseph
Smith, W. B.......................................133 E. Napier, Benton Harbor
Sowers, Bouton F...............756 Pipestone St., Benton Harbor
Strayer, John W..P.O. Box 222, Niles
Stulik, Chas. K.....Town Line Rd., P.O. Box 98, Union Pier
Turner, John J.............................2817 S. State St., St. Joseph
Urist, Maurice D..............454 Pipestone St., Benton Harbor
Valantiejus, John A.....Rt. 2, Cedar Lane Farm, New Buffalo
Vastine, Russell J., Jr...................430 W. Chicago, Buchanan
Watkins, Richard W. (L)......131 E. Napier, Benton Harbor
Westervelt, H. O. (L).............539 Pearl St., Benton Harbor
Willson, Dean...........................756 Pipestone, Benton Harbor
Woodford, Hackley E..............599 E. Main, Benton Harbor
Zick, Luther H............................2522 Niles Ave., St. Joseph

BRANCH COUNTY MEDICAL SOCIETY (30)

Aldrich, Napier S.......................162 Marshall St., Coldwater
Bacon, Charles R.....................300 E. Chicago St., Coldwater
Bailey, James E., Jr.................300 E. Chicago St., Coldwater
Beatty, James B.......................300 E. Chicago St., Coldwater
Beck, Perry C. (L).......................................Box 25, Bronson
Bien, Walter W. J. (L)............65 N. Monroe St., Coldwater
Burke, James M...............................40 Balfour Dr., Coldwater
Coates, Carl A.........................135 Stringtown, Rt. 1, Quincy
Culver, Dean T.........................173 E. Chicago St., Coldwater
Fraser, Robt. J...............................22 W. Pearl St., Coldwater
Geib, Ormond D...........State Home Trng. School, Coldwater
Gomley, Henry C....................108 E. Chicago St., Bronson
Harris, Donald M..............................490 Griswold, Northville
Heffelfinger, John C............292 E. Chicago St., Coldwater
Hoeksema, Ronald H............292 E. Chicago St., Coldwater
Leitch, Robt. M...401 Ann St., Union City
Meier, Harold J...........................87 W. Pearl St., Coldwater
Mooi, Henry R.......................292 E. Chicago St., Coldwater
Moss, Harvey L...47 Carlyle, Coldwater
Nettleman, Wm. E.......................87 W. Pearl St., Coldwater
Olmsted, Kenneth L.........................675 Monroe, Coldwater
Rennell, Edwin J.............Coldwater State Home, Coldwater
Rick, John J..............................61 E. Chicago St., Coldwater
Thomas, James A..................390 E. Chicago St., Coldwater
Walton, Nathaniel J.................................Box 148, Coldwater
Weidner, Harold R.......................50 Division St., Coldwater
Wise, Robert............State H.M. & Trng. School, Coldwater

CALHOUN COUNTY MEDICAL SOCIETY (34)

Albright, Arnold A...........401 Security Tower, Battle Creek
Allen, R. H.......................................191 College, Battle Creek
Amos, Norman H.....................710 North Ave., Battle Creek
Amos, Norman O.....................710 North Ave., Battle Creek
Anderson, Harold E.......65 W. Michigan Ave., Battle Creek
Arnold, George K. (A)....................VA Hospital, Ft. Custer
Azuela, Victor.................185 N. Washington, Battle Creek
Bakken, Richard L...................200 College St., Battle Creek
Barden, Stuart P............................Leila Hosp., Battle Creek
Baribeau, Roy H. (L)....65 W. Michigan Ave., Battle Creek
Becker, Harry F. (L).........................Box 547, Battle Creek
Berghorst, John (A)....................VA Hospital, Battle Creek
Bodine, Harold R.....................231 North Ave., Battle Creek
Bonifer, Philip P., Jr...401 Security Bk. Bldg., Battle Creek
Bonifer, Philip P.......................231 North Ave. Battle Creek
Boswell, David E..................105 N. Jefferson Ave., Marshall
Brainard, C. W. (L).................148 Wahwah Tay See Way, Battle Creek
Braverman, A. H. (A)...............................888 Intracoastal Dr., Ft. Lauderdale, Fla.
Brown, Robt. W...................203 Capital N.E., Battle Creek
Buell, Martin F. (A).........................VA Hospital, Ft. Custer
Campbell, Alice F.......................103 E. Mulberry St., Albion
Campbell, Jack S.....................1018 North Ave., Battle Creek
Campbell, Richard J.....140 Capital Ave. N.E., Battle Creek
Capron, M. J., Jr.........806 Security Bk. Bldg., Battle Creek
Caviness, L. Harold..........185 N. Washington, Battle Creek
Chandler, Edward M....................411 Mich. Nat. Bk. Bldg., Battle Creek
Chynoweth, Wm. R. (L)..........207 Post Bldg., Battle Creek
Coakes, Jack E.............................112 W. Mansion, Marshall
Colquhoun, Graham F.............188 College St., Battle Creek
Cram, Ralph A....................................500 S. Ionia St., Albion
Curry, Robt. K...Homer
Daly, Harold L., Jr...........................500 S. Ionia St., Albion
Daly, Mary...500 S. Ionia St., Albion
Daly, Miriam S...................................500 S. Ionia St., Albion
D'Aversa, Generoso................5535 Columbia Pike, Arlington
Diamante, Paul J.............................710 North Ave., Battle Creek
Dickson, Albert R. (L)........250 Champion St., Battle Creek
Dodge, Warren M., Jr.........................1207 Wolverine Tower, Battle Creek
Fairbanks, Stephen.................................306 S. Superior, Albion
Ferazzi, Patrick S..................1018 North Ave., Battle Creek
Finch, Duward L.........719 Capital Ave. S.W., Battle Creek
Fisher, Robt. E...........1501 W. Michigan Ave., Battle Creek
Fraser, Robt. H. (L)......25 W. Michigan Ave., Battle Creek
Funk, L. D..133 W. Burr Oak, Athens
Gething, Jos. W. (L)....538 W. Michigan Ave., Battle Creek
Giddings, A. M. (L)............103 Dieker Pl., St. Marys, Ohio
Gilfillan, Margery J. (L).......................125 56th Ave. S., St. Petersburg, Fla.
Girardot, John G...................25 W. Michigan, Battle Creek
Graubner, Franklin L.............Bogar Theater Bldg., Marshall
Gray, J. Alan..........309 Mich. Natl. Bk. Bldg., Battle Creek
Griffith, Jack C.........616 Mich. Natl. Bk. Bldg., Battle Creek
Hamady, Alfred......................1018 North Ave., Battle Creek
Hansen, Edwin L...................216 North Ave., Battle Creek
Hansen, Harvey C...........65 W. Michigan Ave., Battle Creek
Henderson, Philip M.............................109 W. Erie, Albion
Henriksen, J. D...................236 Beckwith Dr., Battle Creek
Herman, Louis (A)............VA Hospital, Coral Gables, Fla.
Hibbs, Donald K...................117 Sunnyside Dr., Battle Creek
Holtom, Benj. G...............815 Security Tower, Battle Creek
Hooker, Lyle T. (A)....................VA Hospital, Battle Creek
Hubly, James W.........1509 Security Natl. Bk., Battle Creek
Humphrey, Archie E.............864 E. Michigan St., Marshall
Humphrey, Arthur A..............175 College St., Battle Creek

Humphrey, Herbert E..............122 N. Madison St., Marshall
Huntington, John.................710 North Ave., Battle Creek
Jeffrey, James R. (L)....................179 N. Washington Ave., Battle Creek
Jones, Aubrey H. (A)........................VA Hospital, Ft. Custer
Jones, Ernest F. (A)....Kalamazoo State Hosp., Kalamazoo
Jones, Tyre K....................................118 W. Green, Marshall
Kavanagh, Thomas W.............710 North Ave., Battle Creek
Keeler, Kenneth B. (R)..................417 Elizabeth St., Albion
Kelleher, Geo. T.......................235 North Ave., Battle Creek
Kimball, Arthur S., Jr.........1150 E. Michigan, Battle Creek
Kinde, Matthew R...................250 Champion, Battle Creek
Kingsley, Paul C...........................191 College, Battle Creek
Klopp, Edward J.....................173 College St., Battle Creek
Knode, Robert Edwin..................407 Mich. Natl. Bk. Bldg., Battle Creek
La France, N. F. (A)....................VA Hospital, Augusta, Ga.
Lakke, Gordon W....................163 North Ave., Battle Creek
Lam, Francis L...........408 Capital Ave. S.W., Battle Creek
Lancaster, Vance B................710 North Ave., Battle Creek
Levy, Elizabeth H. (A)...................145 Fuller Rd., Box 42, Battle Creek
Levy, Jos., Jr............................231 North Ave., Battle Creek
Lewis, Welcome B. (L)..196 Irving Park Dr., Battle Creek
Long, Walter B..Homer
Lowe, Kenneth H...................231 North Ave., Battle Creek
Lowe, Stanley T......................231 North Ave., Battle Creek
Lund, C. A. E......................96 E. Jackson St., Battle Creek
Marino, Salvator G. (A)...........VA Hospital, Lebanon, Pa.
McCuaig, Alfred G.......719 Capitol St. S.W., Battle Creek
McGee, John W...............................105 Irwin Ave., Albion
Melges, Fredk. J.............25 W. Michigan Ave., Battle Creek
Mitton, Orland W. (R)........................9026 Clairmont N.E., Albuquerque, N. Mex.
Morrison, Donald B.............719 Capital S.W., Battle Creek
Mullenmeister, H. F.............275 Capital N.E., Battle Creek
Murillo, Casmir.......................235 North Ave., Battle Creek
Mustard, Russell L.........25 W. Michigan Ave., Battle Creek
Norgan, Anne F.........719 Capital Ave S.W., Battle Creek
Orr, Eli H. (A)..........................VA Hospital, Battle Creek
Parkinson, Chas. E...................Leila Hospital, Battle Creek
Patrick, Gilbert T...........25 W. Michigan Ave., Battle Creek
Pearson, Donald J..................255 North Ave., Battle Creek
Pier, Clarence T. (A)..................VA Hospital, Battle Cre
Powell, C. E.............................632 North Ave., Battle Cre
Powell, Donna (A)........................VA Hospital, Ft. Cust
Power, John R.............140 Capital Ave. N.E., Battle Cre
Reizner, Bernard Z....................Oaklawn Hospital, Marsh
Robbert, John.................................191 College, Battle Cre
Rorich, Wilma C. W. (R)....166 N.E. Capital, Battle Cre
Rowan, Russell C................................500 S. Ionia St., Albi
Royer, Clark W.........1331 W. Michigan Ave., Battle Cre
Ryan, Chas. J............................Leila Hospital, Battle Cre
Seifert, Charles (M)....6231 Peace Pipe, San Antonio, Tex
Sharp, Ara D. (R)...............................502 Irwin Ave., Albi
Shellenberger, H. M.....................123 S. Jefferson, Marsh
Shipp, Leland P...............25 W. Michigan Ave., Battle Cre
Sibilsky, A. Clark (A)...........106 Brewer Dr., Battle Cre
Simpson, Robt. S...........700 Capital Ave. S.W., Battle Cre
Slagle, Geo. W...............203 Capital Ave. N.E., Battle Cre
Spencer, Collis M.....................308½ S. Superior St., Albi
Stadle, Wendall H. (R).....................607 Jennings Landin Gougac Lake, Battle Cre
Stephenson, C. D...........140 Capital Ave. N.E., Battle Cre
Stiefel, Richard A.........25 W. Michigan Ave., Battle Cre
Strohmenger, Frank J.......................500 S. Ionia St., Albi
Taylor, Clifford B..............................500 S. Ionia St., Albi
Tazelaar, Myron A.................219 N. Madison St., Marsh
Vander Kamp, Harry (A)..........VA Hospital, Battle Cre
Vander Voort, Wm. V. (L)...........................Rt. 4, Hastin
Vaughn, Charles..........................175 College, Battle Cre
Verity, Lloyd E.................1002 Security Tower, Battle Cree
Vetne, Gunnar.........................725 Capital S.W., Battle Cree
Walker, Chas S.............709 W. Van Buren St., Battle Cree
Walters, John F.......................163 North Ave., Battle Cree
Walters, Wm. D......................175 College St., Battle Cree
Wemmer, Keith S.......1472 W. Michigan Ave., Battle Cree
Wencke, Carl G. (L)........197 N. Washington, Battle Cree
Winslow, Sherwood B............710 North Ave., Battle Cree
Worgess, Duane R.........799 Capital Ave. N.E., Battle Cree
Yannitelli, S. A.......................710 North Ave., Battle Cree
Young, John R............719 Capital Ave. S.W., Battle Cree
Zaplitny, R. B..........................163 North Ave., Battle Cree
Zaplitny, Sophia (A)....................34 Ardmoor, Battle Cree
Zheutlin, Bertram.......................50 Adams St., Battle Cree
Zindler, Geo. A.........1201 Security Bk. Bldg., Battle Cree

CASS COUNTY MEDICAL SOCIETY (38)

Adams, Uriah M...Marcellus
Clary, Rudolph I.........................216 S. Front St., Dowagiac
Comstock, L. David, Jr.................417 W. High St., Dowagiac
Guzzo, Henry V.....................110 W. Division St., Dowagiac
Hickman, John K...................108 W. Division St., Dowagiac
Loupee, Geo. E....................................114 West St., Dowagia
Loupee, Sherman L. (L)....................108 Orchard, Dowagia
Pierce, Frank L. (L)....................142 S. Front St., Dowagia
Pierce, Kenneth C.......................417 W. High St., Dowagia

CHIPPEWA-MACKINAC COUNTY MEDICAL SOCIETY (42)

Allott, Hugh R.................816 Ashmun St., Sault Ste. Marie
Bandy, Festus C. (R).........2431 Hamlin Lane, Sarasota, Fla.
Blair, H. Milton..................300 Court St., Sault Ste. Marie
Clausen, Claire H...................300 Court St., Sault Ste. Marie
Finlayson, Donald D.......301 E. Spruce St., Sault Ste. Marie
Hagele, Marie A...................126 Park Pl., Sault Ste. Marie
Haines, Ellen R..........................Cedar Point, Mackinac Island
Hamel, Herbert E...St. Ignace
Harrington, Harvey M. (L)........Box 319, Sault Ste. Marie
Howe, Donnell C., Jr...........300 Court St., Sault Ste. Marie
Mackie, Thos. B...................300 Court St., Sault Ste. Marie
McBryde, Lyman M.........416 Ashmun St., Sault Ste. Marie
Mertaugh, Wm. F.........104 W. Spruce St., Sault Ste. Mari
Montgomery, Benj. T.....812 Ashmun St., Sault Ste. Mari
Reddick, C. E.....................Chippewa County Health Dept Sault Ste. Mari
Rhind, Earl S....................Sault Polyclinic, Sault Ste. Mari
Scott, Dale.........................816 Ashmun St., Sault Ste. Mari
Solomon, Joseph A..Mackinac Islan
Thompson, Chas. F.......................................Drummond Islan
Trapasso, Tony J..................816 Ashmun, Sault Ste. Mari
Tygart, Robert L.................301 E. Spruce, Sault Ste. Mari
Venier, Anton G.............816 Ashmun St., Sault Ste. Mari
Wedding, Erling S...........203 Hudson Dr., Sault Ste. Mari

CLINTON COUNTY MEDICAL SOCIETY (46)

Bennett, Geo. W.................................203 W. Main St., Elsie
Cook, Bruno C..Westphalia
Elliott, Bruce R...Box 369, Ovid
Fillinger, Wells B. (L)...Ovid
Foo, Chas. T. (L)...St. Johns
Grost, James M............................110 Oakland St., St. Johns
Henthorn, Arthur C. (L)..............................Box 216, St. Johns
Luton, Frank E. (L)...........................Beaver Island, St. James
Russell, Sherwood R...............104 N. Oakland St., St. John
Scott, James S...De Wit
Sheline, Victor L.................................Medical Center, Ithac
Slagh, Earl M...Elsi
Smith, Franklin W.....................105 S. Ottawa St., St. John
Stephenson, Wesley F..................510 E. Walker St., St. John
Stoller, Paul F...St. John

DELTA-SCHOOLCRAFT COUNTY MEDICAL SOCIETY (50)

nderson, Francis C......218 S. 10th St., Escanaba
ernier, A. Barroso......547 Michigan Ave., Manistique
ash, Theodore L......Bark River
enson, Gilbert W. (A)......Ludington St., Escanaba
oyce, Donald H......1107 Ludington St., Escanaba
retens, Mary......Delta Menominee Hth. Dept., Escanaba
ehlin, James R......8 S. 11th St., Gladstone
itch, Donald N......804 Ludington St., Escanaba
yvie, James H......202 S. Cedar St., Manistique
ordon, E. James......117 N. 22nd St., Escanaba
roos, Harold Q......1015 S. 1st Ave., Escanaba
roos, Louis P......1015 S. 1st Ave., Escanaba
ockstad, Raymond ......804 Ludington St., Escanaba
Hult, Otto S......1005 Delta Ave., Gladstone
Le Mire, Donald F......1104 S. First Ave., Escanaba
Le Mire, William A......1106 First Ave. S., Escanaba
Lindquist, Norman L......205 S. Tenth St., Escanaba
Maniaci, Geo......8 South 11th St., Gladstone
McInerney, Thos. A......1221 Ludington St., Escanaba
Miller, Albert H. (L)......904 Wisconsin, Gladstone
Olson, Carl J......8 S. 11th St., Gladstone
Ryde, Robt. E......1221 Ludington, Escanaba
Theisen, Nikolaus J......St. Francis Hospital, Escanaba
Waters, Duane L......200 S. Cedar St., Manistique
Wehner, Merle E......131 River St., Manistique
Whipple, Arno......117 North 22nd St., Escanaba

DICKINSON-IRON COUNTY MEDICAL SOCIETY (54)

ddison, Earl R......412 Superior Ave., Crystal Falls
lexander, Wm. H......411 East C St., Iron Mountain
nderson, Donald T......408 Hamilton Ave., Kingsford
nderson, Robert......804 Main St., Norway
oyce, George H. (L)......First Natl. Bank Bldg., Iron Mountain
arlson, Ralph E......500 Stephenson Ave., Iron Mountain
ecconi, R. D......Commercial Bank Bldg., Iron Mountain
ooper, Chas. A......Box 542, Stambaugh
endzwell, Joyce......805 Vulcan St., Iron Mountain
ladstone, Wm. R., Jr......804 Main St., Norway
ayes, Willard N......720 N. Main St., Norway
uron, Willis H......106 West B St., Iron Mountain
Irvine, Lionel E......Box 438, Iron River
Jacobs, Donald J......Ochiette Bldg., Iron Mountain
Kofmehl, Wm. J......Stambaugh
McEachran, Hugh D......500 Stephenson Ave., Iron Mountain
Nora, James C......15 Eighth Ave., Iron River
Pieper, Ernest......Iron Mountain
Retallack, Russell C......326 W. Genesee St., Iron River
Schmutzler, Walter A......373 Woodward St., Iron Mountain
Schroeder, John M......Khoury Bldg., Iron Mountain
Smith, Donald R......Box 471, Iron Mountain
Steinke, Chas. G......517 Stephenson Ave., Iron Mountain
Stelle, Robert E......412 Superior, Crystal Falls

EATON COUNTY MEDICAL SOCIETY (58)

Brown, Byron P......339 S. Cochran, Charlotte
Carothers, Danl. J......315 S. Cochran, Charlotte
Curtis, Keith L......531 Foote St., Charlotte
De Land, C. Le Roy......Olivet
Engle, Paul H. (A)......Olivet
Erhard, O. Stewart......301 Rancho, Eaton Rapids
Garlock, Fred C......406 E. Jefferson St., Grand Ledge
Harrod, Gordon R......Grand Ledge
oseph, Daniel D......666 N. Sheldon St., Charlotte
Landick, Robt. E., Jr. (A)......Rt. 1, Charlotte
Matthews, R. W......236 S. Main St., Charlotte
Meinke, Albert H., Jr......702 S. Main, Eaton Rapids
Myers, Albert W......Potterville
Passos, Benjamin A......304 N. Cochran St., Charlotte
Riley, Jos. L......201 S. Cochran St., Charlotte
Robinson, S. R......1140 Willow St., Grand Ledge
Sevener, Lester G......236 S. Main St., Charlotte
Sherman, Eber B......P.O. Box 158, Eaton Rapids
Van Ark, Bert......511 Hale, Eaton Rapids
Van Ark, Herman F......Eaton Rapids
Willits, Clayton O......127 Upland, Charlotte

GENESEE COUNTY MEDICAL SOCIETY (62)

Abbott, R. Roderick......4101 Greenbrook Lane, Flint
Adams, Albert C......G 7194 E. Court St., Davison
Adams, Burnell H......609 S. Lynch St., Flint 3
Adams, Chester H......410 S. Ballenger Hwy., Flint 4
Anderson, Harley H......11820 N. Saginaw, Mt. Morris
Anderson, John L......2765 Flushing Rd., Flint 4
Anderson, Robt. E......420 S. Ballenger Hwy., Flint
Antell, Richard A......2733 Crestwood Dr., Flint
Anthony, Geo. E. R......1015 Detroit St., Flint 4
Baird, W. Claire......2765 Flushing Rd., Flint
Bald, Fredk. W......410 S. Ballenger, Flint 3
Barbour, David A......5369 Briarcrest, Flint
Barbour, Fleming A......2015 Lincoln Dr., Flint 3
Baske, Franklin W......923 Maxine St., Flint 3
Basualdo, Carlos A. E. (A)......7th Fl. McLaren Hosp., Flint
Batdorf, Joseph T......11325 S. Saginaw, Grand Blanc
Bateman, Lawrence G......1928 Lewis St., Flint 6
Beck, Douglass R......1450 Country View Lane, Flint 7
Becker, Eugene B......2765 Flushing Rd., Flint 4
Bendush, Cecil L......806 W. 6th Ave., Flint
Benkert, Jack......6211 Lake Forest Dr., Grand Blanc
Benson, John C......402 W. 2nd St., Flint 3
Berman, Harry......3309 Fenton Rd., Flint 7
Berner, Gerald P......2765 Flushing Rd., Flint
Bernstein, Eli N......311 E. Court St., Flint
Best, J. A......3803 Clio Rd., Flint 4
Beyer, George D......G 3337 W. Vienna, Clio
Bishop, Don L......2226 Detroit St., Flint 5
Bogart, Leon M. (L)......503 National Bldg., Flint
Bolduc, Gregoire......325 E. First St., Flint
Boles, Wm. P. (L)......714 Beach St., Flint 3
Bosker, Donald......1620 N. Franklin, Flint 3
Bota, Robert A......1623 Montclair, Flint
Boyer, Peter R......100 Medical Arts Bldg., Flint
Bradley, Robt. M......1112 Mott Fdn. Bldg., Flint 2
Brain, Roy G. (L)......460 S. Saginaw St., Flint 3
Branch, Hira E......821 Mott Fdn. Bldg., Flint
Brasie, Donald R. (R)......310 Josephine St., Flint 4
Briggs, Guy D. (L)......224 E. Court St., Flint 3
Brown, Clarence A......1601 Woodlawn Pk. Dr., Flint 7
Bryant, Donald R......621 Mott Fdn. Bldg., Flint
Buchanan, Gerald S......211 S. Saginaw St., Holly
Buchanan, Wm. F......238 W. Caroline, Fenton
Burkett, Leslie V......121 E. 7th St., Flint 3
Cassan, Stanley M......311 E. Court St., Flint
Chambers, Myrton S......3402 Westwood Pkwy., Flint 3
Chase, Wm. D......1318 N. Ballenger Hwy., Flint 4
Clark, Robt. L......1301 Flushing Rd., Flint 4
Collins, James I......G 1128 N. Dye Rd.,Flint
Colwell, Clifford W......328 S. Saginaw St., Flint 3
Conover, Geo. V......207 Genesee Bank Bldg., Flint 2
Cook, Frank W......208 Genesee Bank Bldg., Flint
Cook, Henry (L)......208 Genesee Bank Bldg., Flint 2
Cook, John L......813 Mott Fdn. Bldg., Flint 7
Coriasso, Louis B......1515 W. Atherton Rd., Flint 4
Coyne, K. M......2765 Flushing Rd., Flint
Craig, William G......G. 3176 W. Court St., Flint
Cross, Robert L......6029 Marja, Flint

Curry, Geo. J. (L)........346 S. Saginaw St., Flint 3
Cutler, G. Campbell........420 S. Ballenger, Flint 4
Davis, Robt. C........G 3029 Flushing Rd., Flint 4
Dawson, Ralph E........721 W. Sixth Ave., Flint 4
Day, John Murray........721 W. Sixth Ave., Flint 4
Delzingro, Nicholas (L)........328 Main St., Davison
Dettman, Carlton K........12023 N. Seymour, Montrose
Dickstein, Bernard........605 National Bldg., Flint 3
Diggs, Roy D., Jr........5001 N. Saginaw St., Flint
Dismond, Samuel R........1402 S. Saginaw St., Flint
Dodds, Fredk. E. (L)........1336 Lewis St., Flint 6
Dodds, Max E........625 S. Grand Traverse, Flint
Dooley, James F........1609 Brookwood Dr., Flint 3
Dorsey, Philip W........2759 Bennett Valley Rd.,
Santa Rosa, Calif.
Drewyer, Glenn E........2001 Colchester, Flint 3
Dwyer, William F........625 S. Grand Traverse, Flint
Dykewicz, Richard A........2768 Flushing Rd., Flint 4
Eaton, Wayne L........2765 Flushing Rd., Flint
Eichhorn, Ernest M........2765 Flushing Rd., Flint 4
Eickhorst, Thos. N........2765 Flushing Rd., Flint 4
Elliott, Hardie B........503 S. Saginaw St., Flint 3
Engelman, Raymond M.....103 Medical Arts Bldg., Flint 4
Ettinger, Ralph D........238 W. Caroline St., Fenton
Failing, John F., Jr........Hurley Hospital, Flint
Fan, Q. C........2002 E. Court St., Flint
Farah, Ben S........2765 Flushing Rd., Flint 4
Farhat, Maynard M........505 W. Court St., Flint
Fee, Manson G........108 E. Kearsley St., Flint 3
Finkelstein, Theo........1415 Broadway Blvd., Flint 6
Fitch, Robert E........1005 Leith, Flint 2
Forrer, Graydon R........2279 E. Grand Blanc Rd.,
Grand Blanc
Fuller, Harvey T. (R)........820 Genesee St., Mt. Morris
Gilbert, David H. (A)........39FA 1st MSL Bn.,
APO 165, New York, N. Y.
Goering, George R. (L)........2601 Norbert, Flint
Goetz, Margarete M. (A)......420 Genesee Bank Bldg., Flint
Goetz, Rudolph........1221 Church St., Flint
Golden, Evelyn........218 E. Court St., Flint
Golden, H. Maxwell........218 E. Court St., Flint 3
Goodfellow, Benj. T. (L)........141 Davis Lake Rd., Lapeer
Gorne, Saul S........619 Clifford St., Flint 3
Griffin, Ernest P., Jr........1505 Arrow Lane, Flint 7
Grommons, Jack R........721 W. Sixth Ave., Flint
Grover, Harold F........601 S. Saginaw St., Flint 3
Guile, Gurdon S........1621 DuPont St., Flint 4
Gullekson, Edwin H........1917 Lynbrook Dr., Flint
Gumpper, C. R........4437 Morrish Rd., Swartz Creek
Gundry, Geo. L. (L)........Grand Blanc
Gutow, Isadore H........2765 Flushing Rd., Flint 4
Gutow, Julius J........726 Church St., Flint
Gutow, Richard F........203 Medical Arts Bldg., Flint
Gutowitz, Erwin........420 S. Ballenger Hwy., Flint
Guyon, Joseph F........302 W. Pierson, Flint
Guyon, Mary A........302 W. Pierson Rd., Flint 5
Hackley, Richard D........3942 Western Rd., Flint
Hague, Robt. F........210 E. Court St., Flint 3
Hallitt, John Wm........102 Medical Arts Bldg., Flint
Harper, Robt. H........713 Thomson St., Flint 3
Harris, Bernard J........1750 Lynbrook, Flint
Harris, Donald R........2429 Welch Blvd., Flint
Hauser, Fredk. V........1015 Mott Fndn. Bldg., Flint 2
Hawkins, James E........4618 Roberts St., Flint
Heine, John........302 Medical Arts Bldg., Flint
Heinemann, Herman J........G7316 Calkins Rd., Flint 7
Helcher, Phyllis O........G5303 Flushing Rd., Flushing
Hennessy, Charles R........517 Mott Fndn Bldg., Flint
Hing, N. Wm........326 Stockdale St., Flint 5
Hiscock, Harold H........503 S. Saginaw St., Flint 3
Hockman, Thomas A.....11125 Old Bridge Rd., Grand Blanc
Hodges, Frank V........Hurley Hospital, Flint 2
Hollis, John W........Fisher Body Div., Grand Blanc
Hooper, Virgil R........4230 Trumbull, Flint
House, Robert J........3133 Mackin Rd., Flint
Hubbard, Wm. B........1205 Maxine St., Flint 3
Hubbard, Wm. C........302 Paterson Bldg., Flint
Hufton, Wilfrid L........2765 Flushing Rd., Flint 4
Hunt, Richard J........6259 Lake Forest Dr., Grand Blanc
Hurd, Clayton E........205 Lincoln, Fenton
Irish, Lawrence R........346 Allendale Pl., Flint

Jacoby, John S........4300 S. Saginaw St., Flin
James, Robt. E........1515 W. Atherton, Flin
Johnson, A. H., Jr........3219 North St., Flint
Johnson, Frank D........625 S. Grand Traverse, Flin
Johnson, Raymond E........5173 W. Reid Rd., Swartz Cree
Jordan, Paul H.....1125 Jordan Lane, Rt. 2, Grand Blanc
Judd, Alvin E........1620 N. Franklin, Flint
Karr, Paul H. (M)........4026 Newport, Omaha, Neb
Kaufman, Lewis D........4002 N. Saginaw St., Flint
Kelly, James E........2765 Flushing Rd., Flin
Kimbrough, C. B........1402 S. Saginaw St., Flint
Kirsten, Walter T........809 S. Ballenger, Flin
Kitto, Harold J........902 Stockdale, Flin
Kline, O. F........2765 Flushing Rd., Flint
Knapp, Wm. D........503 S. Saginaw St., Flint
Knoblich, Roman R........Hurley Hospital, Flin
Koop, Chester S........(Address Unknown
Kretchmar, Arthur H........625 S. Grand Traverse, Flin
Kurtz, John J. (L)........601 S. Saginaw St., Flint
Laird, James I........12010 Kipp Rd., Goodric
Laurel, Richard J........410 S. Ballenger Hwy., Flin
La Vielle, Carroll J........Hurley Hospital, Flin
Leach, J. Leonidas........5014 N. Saginaw St., Flin
Le Mieux, Leslie L........701 W. Dayton St., Flint
Levine, Mark C........721 W. 6th Ave., Flin
Lewis, Thos. E........4071 Richfield Rd., Flin
Lewis, Vivian M........167 E. Hamilton Ave., Flin
Lightfoot, Arthur S........4500 Detroit St., Flin
Limbach, David R........900 Begole St., Flint
Lindman, Thomas C........2484 Nolen Dr., Flin
Livesay, Jackson E........503 S. Saginaw St., Flint
Lundeen, Richard M........3393 Clio, Flin
Lusk, John A........9233 W. Davison Rd., Daviso
Lyttle, Sydney N........503 S. Saginaw St., Flint
MacGregor, Delbert M........701 W. Dayton St., Flint
MacKenzie, J. W., Jr........4437 Morrish Rd., Swartz Cree
Macksood, Albert J........3169 W. Pierson Rd., Flin
Macksood, Jos. A........3169 W. Pierson Rd., Flint
Macksood, William E........3169 W. Pierson Rd., Flin
MacPhail, Albert A........1819 Park Forest Dr., Flin
Mangelsdorf, C. H........4122 Brownsell, Flin
Manwaring, John T........1654 Seminole St., Flint
Markunas, Paul J........4002 N. Saginaw St., Flin
Martin, James A........822 S. LeRoy, Fento
Mathias, Berton J........1301 Flushing Rd., Flint
McAlindon, J. D........1601 Euclid, Flin
McClellan, Junius W........Buick Motor Division, Flint
McGarry, Roy A. (L)........601 S. Saginaw St., Flint
McGregor, Allan R........G 3337 W. Vienna Rd., Cli
McLeod, Kenneth W. A........2765 Flushing Rd., Flint
McMurray, Richard J........2765 Flushing Rd., Flin
McTaggart, David........625 S. Grand Traverse, Flin
Mendes, Peter C. (A)........11117 116th St.
Edmonton, Alta., Canad
Mendrek, H. H........1639 Mott Fdn. Bldg., Flint
Michael, Sidney R........922 Welch Blvd., Flint
Michels, Robt. M. (A)........409 McKinley Rd., Flushin
Michelson, Richard B........2014 Robt T. Longway, Flint
Miller, Loren E........2645 Corunna Rd., Flint
Miltich, Anthony J........915 S. Grand Traverse, Flint
Moeller, Jan C........3802 Brentwood Dr., Flin
Moore, Glenn E........323 W. Second, Flint
Moore, Wesley P. (A)........802 Tilden, Flint
Morin, Paul........1968 Miller Rd., Flin
Morrison, Wm. H........11610 Hazel St., Grand Blan
Morrissey, Vaughn H........101 Stockdale St., Flint
Mosier, Edward C........115 Lake St., Otisvill
Murphy, E. Grant........1825 Chelsea Circle, Flint
Newman, Harry S........816 E. Court St., Flin
Nicholls, Wm. W........806 W. Sixth Ave., Flint
Nitz, Donald A........1515 W. Atherton Rd., Flin
Odle, Ira D. (L)........Welch Blvd., Flint 4
Oldt, Mary Ruth........602 S. Lynch St., Flint 3
Orr, John W. (L)........Orrs Pt. Lk. Fenton, Fento
Osher, Seymour L........315 E. Court St., Flint
Parliament, Burt A........314 Ferndale Pl., Flint 3
Pfeifer, Archibald C. (L)........12205 N. Saginaw Rd.
Mt. Morri
Phelps, Lynn A........10122 Janaroy Ct., Goodric
Phillips, A. F........X-Ray Dept. Hurley Hosp., Flin
Pickering, Woodrow H........1602 Ballenger Hwy., Flint 4

Pike, Wallace W.....7514 Miller Rd., Swartz Creek
Platt, Alice Lee (A).....1430 Eldorado Dr., Flint
Portney, Jack E.....725 Stevens St., Flint 3
Pougnet, W. D.....6155 Maple Ridge, Flint
Pratz, Oliver C.....1303 Detroit St., Flint 4
Preston, Otto J.....300 N. Chevrolet Ave., Flint 2
Prior, Richard W.....1266 S. Le Roy, Fenton
Purcell, F. L.....Ternstedt Plant, Flint 5
Quin, John, Jr.....2765 Flushing Rd., Flint 4
Ragan, Russell M.....2768 Flushing Rd., Flint
Rapport, Richard L.....503 S. Saginaw, Flint 3
Rathburn, Robert J.....1501 Flushing Rd., Flint
Rawling, John C.....115 Med. Arts Bldg., Flint 4
Rawlings, J. Mott.....1601 Neome Dr., Flint 3
Reid, John H.....1301 Flushing Rd., Flint 4
Reye, George H.....2279 E. Grand Blanc Rd., Grand Blanc
Rieth, Geo. F.....1406 Davison St., Flint 6
Roberts, Floyd A. (L).....327 Sheffield, Apt. 281, Flint 3
Roth, F. Dale.....606 Mott Fdn. Bldg., Flint
Rowe, John B.....653 Saginaw St., Flint 3
Rulney, Max.....2765 Flushing Rd., Flint 4
Rundles, Walter Z., Jr.....500 Grand Traverse St., Flint 3
Rundles, Walter Z.....500 Grand Traverse St., Flint 3
Sandberg, Russell G.....2030 Pierce St., Flint 3
Sande, C. W. (A).....Northwood, No. Dak.
Sanocki, Fredk. E.....1651 Detroit St., Flint 3
Saunders, Jack (A).....20 Doctors Lane King City, Ont., Canada
Scavarda, Chas. J.....1106 Maxine, Flint
Schiff, Benton A.....323 W. 2nd St., Flint 3
Schmidlin, Robt. W.....3710 Davison Rd., Flint 6
Schreiber, E. Oskar.....2765 Flushing Rd., Flint 4
Schroeder, Paul E.....1673 N. Chevrolet, Flint
Schultz, J. Stanley.....3327 Fleming Rd., Flint 4
Schwartz, John M.....1300 N. Dort Hwy., Flint
Schwarz, Heinz H.....1430 Eldorado, Flint
Scott, Robt D. (L).....1215 Detroit St., Flint 4
Seven, Phillip G.....2301 Cummings, Flint
Seymour, Geo. D.....G7237 N. Saginaw, Mt. Morris
Shantz, Leighton O.....1497 Country View Lane, Flint 3
Sheeran, Danl. H. (A).....610 S Vernon Ave., Flint 3
Sherwood, Frederick.....2765 Flushing Rd., Flint 4
Simoni, Lewis E.....3210 S. Dort Hgwy, Flint 7
Sirna, Anthony R.....11219 Stonybrook, Grand Blanc
Smith, Eugene C.....606 Stevens, Flint
Smith, Harold O.....1952 Miller Rd., Flint 3
Smith, Maurice J.....2801 N. Saginaw St., Flint 5
Smith, Sidney E.....625 S. Grand Traverse, Flint
Sniderman, Benj. F.....727 Beach St., Flint 3
Snyder, Chas. E.....8129 Miller Rd., Swartz Creek
Solik, A. E. (M).....(Address Unknown)
Sorkin, Morris L.....718 Beach St., Flint 2
Sorkin, Saml. S.....718 Beach St., Flint 2
Sparks, Harvey V.....2765 Flushing Rd., Flint 4
Steffe, Ralph S.....2765 Flushing Rd., Flint 4
Steinman, Floyd H.....503 S. Saginaw St., Flint 2
Stevens, Philip K.....1116 Mott Fdtn. Bldg., Flint
Stevenson, Wm. W. (L).....108 E. Kearsley St., Flint 3
Streat, Rudolph W. (L).....218 E. 8th St., Flint 3
Stroup, Clayton K.....2002 E. Court St., Flint 3
Sullivan, M. R.....1510 Forest Hill, Flint
Sutherland, James K.....402 E. 3rd St., Flint 3
Sutton, Geo. D. (L).....303 W. Court St., Flint 3
Tauscher, John W.....2016 R. T. Longway Blvd., Flint
Theuerle, Walter I.....3101 N. Saginaw St., Flint 5
Thompson, Charles A.....4211 Comstock St., Flint 4
Thompson, Jack W.....2702 Flushing Rd., Flint 4
Thoms, Peter S.....1279 W. Coldwater Rd., Flint
Thorburn, Grant (L).....Box 387, Waynesboro, Pa.
Tofteland, Elmer H.....2765 Flushing Rd., Flint 4
Tower, Rita B. (L).....2801 S. Dort Hwy., Flint 7
Turcke, Allen F.....5717 Marja St., Flint 5
Turner, Merald G.....G 3169 W. Pierson, Flint 2
Tuuri, Arthur L.....Mott Children Clinic, Flint
Urich, Vernon.....1315 Mott Fndt. Bldg., Flint 2
Van Duyne, Fredk. W.....2849 Miller Rd., Flint
Van Harn, Raymond S.....1651 Detroit St., Flint 5
Varney, Howard L.....724 East St., Flint
Vaughan, Edgar J.....Linden
Wade, Franklin V.....1121 Mott Fndt. Bldg., Flint
Walker, James D.....11325 S. Saginaw St., Grand Blanc
Walter, Daniel L.....820 Davison Rd., Davison
Ward, Nell M. (L).....503 S. Saginaw St., Flint 3
Weber, Robt. M.....3710 Davison Rd., Flint 6
Webster, Robt. M. (A).....5 Lee St., Newman, Ga.
Wentworth, John E.....420 S. Ballenger, Flint 4
Werness, Inga W. (L).....220 E. Fourth St., Flint
Wheeler, J. D.....2470 Nolen, Flint
White, Carl H.....106 River St., Fenton
White, Frank T.....5492 Lapeer Rd., Flint
Whites, Jack C.....7343 Flushing Rd., Flushing
Willard, Robt. H.....718 Beach St., Flint 3
Williams, T. Wendell.....5003 N. Saginaw, Flint
Williams, Wm. S. (L).....5216 S. Genesee, Grand Blanc
Willis, Robert E.....6606 N. Saginaw St., Flint
Willoughby, L. L. (L).....1127 S. Water St., Marine City
Wills, Thos. N. (R).....(Address Unknown)
Wolcott, Nan D.....7506 Lapeer Rd., Davison
Wolf, Melvyn D.....318 Medical Arts Bldg., Flint
Woodsides, K. T.....7343 Flushing Rd., Flushing
Wright, Donald R.....326 W. Court St., Flint
Wynia, Robert E. (A).....2301 12th Ave. S., Great Falls, Mont.
Zeis, Myron G.....718 Beach St., Flint 2
Zelko, Daniel M.....4071 Richfield Rd., Flint

GOGEBIC COUNTY MEDICAL SOCIETY (66)

Albert, S. G.....103 Suffolk St., Ironwood
Davidson, Donald L.....200 S. Sophie St., Bessemer
Franck, John R., Jr.....401 Sunday Lake, Wakefield
Gallo, Bela.....Newport Clinic, Ironwood
Gertz, Michael A.....109 E. Aurora St., Ironwood
Gorilla, Allen C.....210 Suffolk St., Ironwood
Harrington, Rex R., Jr.....104 E. Ridge St., Ironwood
Lieberthal, M. J. (L).....124 E. Gogebic, Ironwood
Lieberthal, Paul R.....Box 632, Ironwood
Medford, Lester.....306 Sunday Lake St., Wakefield
Murphy, Percy J.....Seaman Bldg., Ironwood
Santini, Florian J.....109 E. Aurora St., Ironwood

GRAND TRAVERSE-LEELANAU-BENZIE COUNTY MEDICAL SOCIETY (70)

Beall, John G.....1105 E. Front St., Traverse City
Behan, Gerald W.....Box C, Traverse City
Bolan, Ellis J.....Suttons Bay
Brownson, Kneale M.....116 Cass St., Traverse City
Bushong, Benjamin B.....116 Cass St., Traverse City
Cajigas, Tomas R.....J. D. Munson Hospital, Traverse City
Campbell, Thomas D.....Box C, Traverse City
Cartwright, Wm. H.....1105 E. Front St., Traverse City
Christie, Joseph.....Northport
Clark, Oswald V.....Ramsdell Rd., Traverse City
Cline, Theodore N.....999 6th, Traverse City
Cline, Warren W.....999 6th, Traverse City
Coleman, John F.....909 S. Maple, Traverse City
Curran, Cyril J.....Box C, Traverse City
Doolittle, John E.....9 S. St. Joseph Ave., Niles
Dundon, Arthur F.....Box C, Traverse City
Edmonds, W. T.....Munson Hospital, Traverse City
Ellis, Claude I.....Suttons Bay
Ferguson, John T.....Box C, Traverse City
Fiebing, Jack A.....P.O. Box 283, Traverse City
Fishbeck, Wm. A.....1209 E. 8th St., Traverse City
Goodrich, Dwight (R).....601 W. Front St., Traverse City
Haberlein, Chas. R.....1100 Sixth St., Traverse City
Hall, James W.....1100 Sixth St., Traverse City
Hamilton, Earl E.....530 S. Union St., Traverse City
Herkner, Mildred L.....119 Barlow St., Traverse City

Hubbell, Reader J..........228 S. Madison, Traverse City
Huene, Nevin..........110 E. Front St., Traverse City
Huston, R. R. (L)..........Elk Rapids
Johnston, James D..........1100 Sixth St., Traverse City
Kamp, Robt. L..........Beulah
Kaufman, James N..........427½ Main St., Frankfort
Kitti, Wm. W..........Kalkaska
Komesu, Seiichi..........Box C, Traverse City
Lemen, Charles E..........110 S. Madison, Traverse City
Lieding, Keith G..........7844 Peninsula Dr., Traverse City
Lossman, Robt. T.....J. Decker Munson Hosp., Traverse City
McClay, Adam C..........6330 Peninsula Dr., Traverse City
Michael, Stanley L..........335 Davis St., Traverse City
Milliken, John G..........224 Circle Dr., Traverse City
Nickels, Mervyn M..........Box C, Traverse City
Norconk, Alonzo A..........Empire
Olsen, William R..........1100 Sixth St., Traverse City
Pelto, Maurice S..........Munson Hospital, Traverse City
Peterson, Wm. D..........876 E. Front St., Traverse City
Pike, Donald G..........1105 E. Front St., Traverse City
Ponczek, E. J..........Box C, State Hospital, Traverse City
Power, Frank H..........116 Cass St., Traverse City
Salon, Dayton D..........108 E. Front St., Traverse City
Schroeder, Dwight M..........Northport
Skendzel, L. P..........Munson Hospital, Traverse City
Sladek, Edward F..........123 E. Front St., Traverse City
Sommerness, M. Duane..........Box C, Traverse City
Sorum, F. T..........Box C, Traverse City
Spencer, John R..........1124 E. Front St., Traverse City
Steffey, Jos. C..........116 Cass St., Traverse City
Stokes, G. Edward..........1100 Sixth St., Traverse City
Swartz, Fred G. (L)..........612 Sixth St., Traverse City
Sweeney, Bernard J..........1100 Sixth St., Traverse City
Thacker, Fredk. R..........Front St., Frankfort
Thirlby, Edwin L. (L)..........116 Cass St., Traverse City
Thirlby, Richard L..........228 S. Madison, Traverse City
Wagener, Creighton A..........1100 Sixth St., Traverse City
Weih, Jack E..........1105 E. Front St., Traverse City
Weitz, Harry L..........Munson Hospital, Traverse City
Wilcox, Paul H..........333 Sixth St., Traverse City
Wiley, Philip K..........116 Cass St., Traverse City
Williams, Chas. R..........416 Sixth St., Traverse City
Willoughby, Gordon W..........408 Main St., Frankfort
Wolfgram, Lavern V..........1089 E. 8th St., Traverse City
Wonacott, R. G..........107 Dexter, Elk Rapids
Wright, J. K., Jr..........1105 E. Front St., Traverse City
Wunsch, Richard E..........1122 E. Front St., Traverse City
Young, John Harley.......... .Box C, Traverse City
Young, Lloyd B.......... Route 2, Suttons Bay
Zielke, Irwin H..........106 S. Madison, Traverse City
Zimmerman, Jos. G..........102 W. Front St., Traverse City

GRATIOT-ISABELLA-CLARE COUNTY MEDICAL SOCIETY (74)

Aldrich, Alfred L..........Ithaca
Baker, Jerald F..........1127 E. High St., Mt. Pleasant
Barstow, Donald K..........215 W. Saginaw, St. Louis
Bauer, A. Robert, Jr..........412 E. Broadway, Mt. Pleasant
Becker, Myron G..........Edmore
Bedo, Andrew V..........802 Gordon, Mt. Pleasant
Bergin, Jos. H..........112 E. Superior, Alma
Binning, Griffith..........1328 N Drive, Mt. Pleasant
Brenner, E. J.......Central Mich. Comm. Hosp., Mt. Pleasant
Budge, Melvin J. (L)..........1035 Jefferson, Ithaca
Burt, Loren G..........510 Prospect St., Alma
Chamberlain, Ray W..........608 E. Chippewa, Mt. Pleasant
Chamichian, Souren L..........Canal Rd., Mt. Pleasant
Davis, Lionel L..........314 S. Brown St., Mt. Pleasant
Dunlop, Donald..........301 East Fourth St., Clare
Fishbaugh, Wm. F., Jr..........3765 Woodmere. Alma
Gervin, Irfan S..........231 East End St., Alma
Graham, Bernard J..........510 Prospect Ave., Alma
Haddad, T. E..........207 N. Franklin St., Mt. Pleasant
Hammerberg, Kuno..........622 McEwan, Clare
Harrigan, Wm. L..........412 E. Broadway, Mt. Pleasant
Hedges, Frank W..........215 W Saginaw, St. Louis
Hersee, Wm. E..........306 S. College, Mt. Pleasant
Hobbs, A. Deane (R)........Box 3233 Florence Vill., A Sta., Winter Haven, Fla.
Hoogerland, C. L..........226 N. State St., Alma
Johnson, Frank D..........806 E. Bellows, Mt. Pleasant
Johnson, Philip R..........206 S. College Ave., Mt. Pleasant
Johnson, Robert B..........120 S. St. Johns St., Ithaca
Juhnke, LeRoy W..........314 S. Brown St., Mt. Pleasant
Kim, S. J..........CMC Hospital, Mt. Pleasant
Leff, Wenzel A..........1332 North Dr., Mt. Pleasant
Linn, Michael R..........Gratiot Med. Arts Bldg., Alma
Lusis, Alexsandrs........St. Home & Tr. School, Mt. Pleasant
McArthur, Stewart C..........Box 32, Rosebush
McCoy, F. E..........Mercy Hospital, Williston, N. Dak.
Oldham, Earle S..........Breckenridge
Pease, Horace B..........Health Unit, CMU, Mt. Pleasant
Rank, Robert K.........Central Comm. Hospital, Mt. Pleasant
Ringer, Paul H., Jr..........314 S. Brown St., Mt. Pleasant
Roth, Wm. J..........303 W. Superior, Alma
Rottschaefer, John L..........3580 Northlawn Pk., Alma
Sanders, Jack F..........Mich. Masonic Home, Alma
Scott, Lincoln B., Jr..........417 S. College, Mt. Pleasant
Silvert, Pasche P..........Vestaburg
Smith, Dennis V. (L).......... ....Box 99, Farwell
Soriano, D. A..........218 W. High St., Mt. Pleasant
Veldhuis, Andrew H..........801 Gordon Rd., Mt. Pleasant
Von Lackum, L. F.........535 Prospect Blvd., Waterloo, Iowa
Waggoner, Richard L..........120 N. Center St., St. Louis
Wallman, C. Harry..........901 State St., Alma
Wickert, Leo R..........1001 Watson Rd., Mt. Pleasant
Wilcox, Rex A..........525 State St., Alma
Wilson, Earl C..........Harrison
Wohlfeil, Dwayne L..........5851 Golfside Dr., Alma
Wolfe, Kenneth P. ....510 Prospect Ave., Alma
Wood, Cornelius B..........207 N. Franklin St., Mt. Pleasant
Wood, John M..........1300 S. Watson Rd., Mt. Pleasant

HILLSDALE COUNTY MEDICAL SOCIETY (78)

Bates, Morton P..........110 S. Manning, Hillsdale
Davis, William B..........55 Barry, Hillsdale
Day, Luther W..........Grosvener Bank Bldg., Jonesville
Gates, Jon H..........379 S. Broad, Hillsdale
Henelt, Edmond..........32 S. Broad, Hillsdale
Hodge, Chas. L..........Reading
MacNeal, John A..........379 S. Broad, Hillsdale
Mattson, H. Frazyer..........32 S Broad St., Hillsdale
Peterson, Carl A..........59 Barry St., Hillsdale
Reigle, Frederick C..........Litchfield
Sawyer, Walter W..........61 N. Howell St., Hillsdale
Smith, Clark B..........379 S. Broad St., Hillsdale
Stein, Arthur J..........144 Budlong St., Hillsdale
Strom, Arthur W..........32 S. Broad St., Hillsdale
Tarr, John..........Camden
Trapp, Donald G..........32 S. Broad St., Hillsdale
Wiggins, Ira W..........Jonesville

HOUGHTON-BARAGA-KEWEENAW COUNTY MEDICAL SOCIETY (82)

Albright, John G..........220 Iroquois St., Laurium
Aldrich, Addison B..........325 Harris Ave., Hancock
Aldrich, Leonard C..........301 Quincy St., Hancock
Goodreau, Paul G..........301 Quincy St., Hancock
Hillmer, Raymond E. (L)..........Painsdale
Hosking, Fredk. S..........322 Calumet St., Lake Linden
Janis, Anton J..........208 Quincy St., Hancock
Kolb, Fredk. E..........128 Calumet Ave., Calumet
LaBine, Alfred (L) Masonic Bldg......... ....Houghton
Lanczy, Tamas O..........Baraga County Hospital, L'Anse

Larson, Forrest W.......322 Shelden, Houghton
Lepisto, Victor E.......238 Quincy St., Hancock
Levin, Simon (L).......Huron Bldg., Houghton
Parker, Thomas M.......St. Joseph Hospital, Hancock
Potter, Earl C. (R).......1443 Crestridge Dr., Silver Springs, Md.
Repola, Kenneth L.......401 Isle Royale St., Laurium
Roche, Andrew M.......221 5th St., Calumet
Rowe, Kenneth E.......107½ Calumet Ave., Calumet
Sandell, Samuel T.......210 Center St., Hancock
Sloan, Paul S.......609 Sheldon Ave., Houghton
Stallard, C. W., Jr.......305 Tamarack St., Laurium
Stroube, John A.......522 W. Third, L'Anse
Williams, Marshall S.......St. Josephs Hospital, Hancock
Winkler, Henry J.......Box 461, L'Anse

HURON COUNTY MEDICAL SOCIETY (86)

Dixon, Ralph C.......Box 77, Pigeon
Elliott, Chas. S.......Pigeon
Gettel, Roy R.......Bad Axe
Herrington, C. Clark.......117 S. Port Crescent, Bad Axe
Herrington, Chas. I.......Bad Axe
Herrington, K. B.......317 Port Crescent, Bad Axe
Herrington, Willet J.......Bad Axe
Mullaney, J. M., Jr.......108 S. Port Crescent, Bad Axe
Oakes, Chas. W., Jr.......Harbor Beach
Scheurer, Clare A.......Pigeon
Sidagis, Joseph.......6 W. Main St., Sebewaing
Sorensen, Maurice G.......P. O. Box, Elkton
Steinhardt, Edward E.......Box 15, Elkton
Thompson, David H.......117 S. Port Crescent, Bad Axe
Turner, Phillip R.......230 S. First St., Harbor Beach
Wible, Chas. F., Jr.......Sebewaing
Willits, Robert A.......193 N. Main St., Elkton

INGHAM COUNTY MEDICAL SOCIETY (90)

Agate, Geo. H.......Mich. Dept. of Health, Lansing
Aiken, Donald J.......Grandview & Grand Rv., Okemos
Alexander, Reuben G.......301 Seymour Ave., Lansing 15
Allen, Robert E., Jr. (M).......1211 W. Main St., Lansing
Allis, Harry D.......1322 E. Michigan, Lansing
Altland, J. K.......Route 2, Box 178, Lansing
Altman, Harold (A).......Univ. of Missouri, Columbia, Mo.
Asselin, David C.......1322 E Michigan, Lansing
Badgley, Waldo O.......M.O. Box 756, Lansing 6
Baker, Thos. C.......624 N. Capitol Ave., Lansing
Bassett, Robt. C.......1322 E. Michigan Ave., Lansing 12
Bates, Richard.......2909 E. Grand River, Lansing
Bauer, Theodore I.......810 Mich. Nat. Tower, Lansing
Beaubien, Mark S. (A).......1006 Wildwood Dr., E. Lansing
Behen, Wm. C. (L).......535 S. Capitol Ave., Lansing
Behney, Charles A. (L).......Box 4256 San Jose Dr., Bisbee, Ariz.
Bellinger, Ernest G. (L).......Masonic Home, Alma
Berden, Eleanor A.......2630 Libbie Drive, Lansing 17
Berge, Richard E. (A).......1618 S. Genesee, Lansing 15
Bergeon, Milton C.......302 S. Steele St., Mason
Bevez, Frank L.......3209 S. Cambridge Rd., Lansing
Bingham, B. Wayne.......1034 E Saginaw, Lansing 6
Black, Chas. E.......112 W. Allegan, Lansing
Black, Gertrude C. K.......529 W. Grand River, Williamston
Blair, Thomas C.......1322 E. Michigan Ave., Lansing
Bleil, Eugene E.......1322 E. Michigan Ave., Lansing
Boylan, Rowan C.......Sparrow Hospital, Lansing
Bradford, Carl W.......301 Seymour, Lansing
Breakey, Robt. S. (R).......520 Westmorland, Lansing 15
Briggs, James.......2132 N. Cedar St., Holt
Brown, Fredk. W., Jr.......831 N. Washington Ave., Lansing
Brown, Joseph C.......790 E. Columbia, Mason
Brubaker, Earl W.......103 N. Washington Ave., Lansing 16
Bruegel, Oscar H. (L)....204 Birchwood Dr., Traverse City
Budden, M. Arthur.......2909 E. Grand River, Lansing
Burge, Terry E.......2132 N. Cedar, Holt
Burhans, Robt. A.......810 Mich. Nat'l Tower, Lansing
Burt, Emma G.......General Delivery, Agana, Guam
Cairns, Donald A.......136 W. Ash St., Mason
Calomeni, Anthony D.......309 Seymour Ave., Lansing 15
Carlson, Ralph G.......225 S. Waverly, Lansing 17
Carr, Earl I.......300 W. Ottawa St., Lansing
Caruso, Joseph A.......2909 E. Grand River, Lansing
Casey, Byron L.......202 M.A.C., East Lansing
Chaskes, Marian I. G.......210 E. Hillsdale St., Lansing
Cheney, Wm. D.......Sparrow Hosp., X-ray, Lansing
Chi, Seong H. (A).......Ingham Medical Hosp., Lansing
Cipparone, Joseph R.......St. Lawrence Hosp., Lansing
Clark, Gaius D.......Oldsmobile Div., GMC, Lansing
Clark, Wm. E. (A).......809 E. Ash St., Mason
Clinton, George R.......Rt. 2, Mason
Clore, Forrest C.......2909 E. Grand River, Lansing
Combs, Robt. G.......1023 E. Michigan Ave., Lansing 12
Comstock, Howard C.......2909 E. Grand River, Lansing 12
Cook, J. Maxwell.......3911 W. Michigan Ave., Lansing
Cope, Henry E. (R).......605 Westmoreland, Lansing 15
Cordes, Jerome F.......2909 E. Grand River, Lansing
Corneliuson, Goldie B.....Mich. Dept. of Health, Lansing 15
Cowan, John A.......825 Touraine, East Lansing
Cummings, Geo. D.......Mich. Dept. of Health, Lansing 4
Dale, Edward C.......Health Service MSU, East Lansing
Darling, Lewis H.......115 W. Hillsdale St., Lansing 15
Dawe, C. D.......1515 W. Mt. Hope Ave., Lansing
DeVries, Corydon F.......320 Townsend St., Lansing 15
Dexter, M. J.......229 E. Maple, Mason
Drolett, Alfred J. (L).......1018 Prudden Bldg., Lansing 16
Drolett, Donald J.......1322 E. Michigan Ave., Lansing 16
Drolett, Lawrence A.......3526 W. Saginaw St., Lansing 17
Dunkel, John F.......Edw. W. Sparrow Hosp., Lansing
Dunn, Forest M.......1322 E. Michigan Ave., Lansing
Ellis, Bertha W. (R).......Box 2327, Hollywood, Fla.
Ellis, C. Ward (L).......Box 2327 Hollywood, Fla.
Evans, Matthies.......1250 Haslett Rd., East Lansing
Feeney, Kenneth J.......1908 Mich Nat'l Tower, Lansing 15
Feurig, James S.......321 Kensington, East Lansing
Finch, Russell L. (L).......Morrison Lk. Gardens, Saranac
Folkers, Leonard M.......234 Michigan Ave., East Lansing
Fortino, Silvio P.......2909 E. Grand River, Lansing
French, Horace L.......1322 E. Michigan Ave., Lansing
Fryer, Douglas H.......Mich. Dept. of Health, Lansing 4
Gage, David P.......Vocational Rehabilitation, Box 1016, Lansing
Garlinghouse, A. John, Jr...1322 E. Michigan Ave., Lansing
Gellar, Abraham.......419 S. Walnut, Lansing
George, Harry C.......335 Seymour St., Lansing 33
Ghannam, Rasem (A).......2627 Patricia St., Ann Arbor
Ginnebaugh, L. A.......77 Rose St., Battle Creek
Govons, Sidney R.......1322 E. Michigan Ave., Lansing
Grey, Anna B.......219 Oakland Dr., East Lansing
Hames, R. E.......1322 E. Michigan Ave., Lansing
Hanna, Roger J.......117 E. Maple, Mason
Harrington, Louis E.......3526 W. Saginaw St., Lansing 17
Harris, Herbert W.....609 N. Washington Ave., Lansing 15
Harrison, Wm. H.......834 W. St. Joseph St., Lansing 15
Harrold, Jesse F.......326 W. Ionia, Lansing 33
Hatton, R. L.......4462 Greenwood St., Okemos
Hay, Kent R.......1322 E. Michigan Ave., Lansing
Hayes, Robt. E.......1322 E. Michigan Ave., Lansing 12
Hayford, Wm. D.......1028 E. Saginaw St., Lansing
Heald, Gordon H.......714 Abbott Road, East Lansing
Heckert, Frank B...1105 Bank of Lansing Bldg., Lansing 16
Heckert, Jos. K.....1105 Bank of Lansing Bldg., Lansing 16
Heerdt, Mark E.......810 W. Saginaw, Lansing
Henderson, Norman D.......1017 E. Grand River, E. Lansing
Henry, Robt. A. (A).......Ypsilanti State Hosp., Ypsilanti
Hermes, Edgar J.......604 W. Willow St., Lansing
Heustis, Albert E.......Mich. Dept. Health, Lansing
Himmelberger, R. J.......3624 Colchester, Lansing 6
Hiscoe, D. Bonta.......2909 E. Grand River, Lansing
Hoffer, W. E. (L).......331 Shepard St., Lansing
Hogg, Raymond E.......2909 E. Grand River, Lansing

Holland, Chas. F.........................810 W. Saginaw, Lansing
Horvath, Francis............MSU Health Center, East Lansing
Howe, Gertrude E...............Mich. Dept. of Health, Lansing
Hoyt, John C..2107 Aurelius Rd., Holt
Huggett, Clare C.................122 W. Gd. River Ave., Lansing
Hurth, M. S.....................................1717 Jerome St., Lansing
Imeson, Elizabeth W...........Mich. Dept. of Health, Lansing
Isbister, J. L..................Dept. Health, DeWitt Rd., Lansing
Iung, Omero S..411 Bartlett, Lansing
Jacob, S. Sprigg, III.....................201 Ann St., East Lansing
Jarstfer, Bruce S. (A)..................U.S.A. Tripler Gen. Hosp., Honolulu, Hawaii
Johnson, David B...................2909 E. Grand River, Lansing
Johnson, Henry T. (N)..........................3501 W. VanBuren, Phoenix, Ariz.
Johnson, Kenneth H.........1116 Mich. Nat'l Tower, Lansing
Johnson, Richard...................2909 E. Grand River, Lansing
Jones, Francis A., Jr. (R).......................815 Royal Palm Pl., Vero Beach, Fla.
Jones, Martin F.......................2909 E. Grand River, Lansing
June, Robt. C.................................209 N. Walnut, Lansing 33
Kahn, David...........................2909 E. Grand River, Lansing
Kalmbach, Roland E....................1322 E. Michigan, Lansing
Katlein, Stanley (A)................St. Lawrence Hosp., Lansing
Kellerman, Howard H...1322 E. Michigan Ave., Lansing 12
Kelly, William...Cass Bldg., Lansing
Kent, A. Edith Hall.................................Box 1167, Lansing
Kent, Herbert K........................M.O. Box 1167, Lansing 13
Kinzel, Raymond C.......................326 W. Ionia St., Lansing
Klunzinger, W. R.....................326 W. Ionia St., Lansing 33
Kozak, Jerome S............609 N. Washington Ave., Lansing
Kraft, Lester C...................................209 S. Main St., Leslie
Lambert, Harold J...............Mich. Dept. of Health, Lansing
Lange, Philip F.......................1923 S. Cedar St., Lansing 10
Lanting, Helen E. P...............600 Lesher Place, Lansing 15
Larkey, Paul E......................110 N. Rosemary St., Lansing
Larson, Homer I...........1322 E. Michigan Ave., Lansing 12
Lauzun, Virginia D.........1654 E. Grand River, East Lansing
LeDuc, Don M.....................317 W. St. Joseph St., Lansing
Leshock, Jos. C.......................2909 E. Grand River, Lansing
Levett, Harry L.............2909 E. Grand River Ave., Lansing
Lewis, Clayton, Jr...................2909 E. Grand River, Lansing
Linnell, Paul C. (A)................1724 Covington, Ann Arbor
Long, Chas. O., Jr.................2909 E. Grand River, Lansing
Loree, Maurice C...............120 W. Hillsdale St., Lansing 15
Loughrin, T. D.....................................335 Seymour, Lansing
Love, James M.. P.O. Box F, Okemos
Lucas, Thos. A...............................1515 W Mt. Hope, Lansing
Ludlum, Lewis C...............1126 W. Saginaw St., Lansing 15
Malcolm, Henry E.................2909 E. Grand River, Lansing
Mannausa, L. R.............2909 E. Grand River Ave., Lansing
Marta, John B.....................1322 E. Michigan Ave., Lansing
Martin, Wayne O.......................4765 Nakoma Dr., Okemos
Marzolf, M. Finette (N).....................3315 Wisconsin N.W., Washington 16, D. C.
Mavromatis, E......................1322 E. Michigan Ave., Lansing
Mavromatis, F......................1322 E. Michigan Ave., Lansing
May, Stephen G......................202 M.A.C. Ave., East Lansing
McCorvie, C. Ray......903 E. Grand River Ave., E. Lansing
McCorvie, Donald R.....Williamston Med. Bldg., Williamston
McElmurry, Leland R...........209 N. Walnut St., Lansing 15
McFarlane, Donald R.....1322 E. Michigan Ave., Lansing 12
McGillicuddy, O. B.........1816 Mich. Nat'l Tower, Lansing
McGillicuddy, R. J................300 W. Ottawa St., Lansing 15
McKenney, Marvin J...........1322 E. Michigan Ave., Lansing
Meade, Wm. H...............................1023 E. Michigan, Lansing
Meinke, Richard K.............1322 E. Michigan Ave., Lansing
Melick, Richard C.........................326 W. Ionia, Lansing 33
Mercer, Walter E. (R)............909 Glenhaven, East Lansing
Messenger, A. L.................1322 E. Michigan Ave., Lansing
Miller, J. Thomas..............................790 E. Columbia, Mason
Miller, Willard J.......................930 N. Washington, Lansing
Monfort, Robt. N. (R)..............300 Pacific Rd., Miami, Fla.
Moore, Charles R..................1322 E. Michigan Ave., Lansing
Moore, Donald B.........1322 E. Michigan Ave., Lansing 12
Morrow, Robt. J..................................412 N. Capitol, Lansing
Nadeau, John H. (M)........24679 Rosalind St., East Detroit
Nakfoor, Eugene C.................2909 E. Grand River, Lansing
Neering, James C...........1322 E. Michigan Ave., Lansing 12
Neuman, John R.................3911 W. Michigan Ave., Lansing
Newitt, A. W..............................221 W. Washtenaw, Lansing
Nicholas, Mildred V.............5596 Portage Lake Rd., Dexter
Niland, Paul T...............1322 E. Michigan Ave., Lansing 12
Nobel, Rudolf E. (A).........................1577 Andrea, Ypsilanti
Ochsner, Paul J......................Fisher Body Corp., Lansing 4
Packer, John H.......................2909 E. Grand River, Lansing
Palmer, R. E. (L)....................535 S. Capitol Ave., Lansing
Parker, Earl E..207 E. Bellevue, Leslie
Payne, Thomas C.........2909 E. Grand River Ave., Lansing
Peets, Ronald......................Gr. River & Grandview, Okemos
Philips, David P....................1217 Loraine Ave., Lansing 10
Plant, John F.........................2909 E. Grand River, Lansing
Plesscher, Wm. H..............1322 E. Michigan Ave., Lansing
Pomeroy, Richard W...........1322 E. Michigan Ave., Lansing
Powell, Gerald D...............1515 W. Mt Hope Ave., Lansing
Prall, Harry J..........................214 W. Main St., Lansing 33
Pung, Elba Molina................1512 E. Michigan, Lansing 12
Randall, O. M. (R)........7557 W. Saginaw, R.R. 1, Lansing
Rector, Frank L. (R)......................2835 N.E. Brazee Court, Portland 12, Ore.
Reid, Harold E.................359 University Dr., East Lansing
Reynolds, Edward E.....................Rt. 2, Box B, Williamston
Rice, R. G.....................................252 Hollister Bldg., Lansing
Richards, Frank D...............1322 E. Michigan Ave., Lansing
Richardson, Maurice L....................1215 E. Michigan Ave., Lansing 12
Robson, Edmund J.................215 N. Walnut St., Lansing 15
Rollstin, Robt. A...................1014 Townsend St., Lansing 21
Rozan, Josef S.........................2909 E. Grand River, Lansing
Ruhmkorff, Ralph H.......MSU Health Center, East Lansing
Rutledge, Saml. H., Jr...1322 E. Michigan Ave., Lansing 12
Saenz, Hugo R..........................1515 W Mt. Hope, Lansing
Saker, James H.......................201 W. Hillsdale St., Lansing
Sander, John F............................4780 Okemos Rd., Okemos
Saunders, M. R. (A)..........2601 N. Whittier, St. Louis, Mo.
Sawvell, Austin R....................810 W. Saginaw St., Lansing
Scallin, J. F..810 W. Saginaw, Lansing
Schaffer, Carole S. (A)....843 Lantern Hill Dr., E. Lansing
Scheidt, R. Rudolph.................1133 Seymour Ave., Lansing
Schmidt, Harry J...................2909 E. Grand River, Lansing
Schultz, Arthur E...........................4646 Ottowa Dr., Okemos
Seger, Fred L. (L)...............................1035 Cherry St. N.E., St. Petersburg 4, Fla.
Shapiro, Hyman D...................201 W. Hillsdale St., Lansing
Sharp, Mahlon S.................................521 N. Capitol, Lansing
Shaw, Milton..........................320 Townsend St., Lansing 15
Sheehan, F. Michael................233 Leland Place, Lansing 17
Sheets, Joseph L.......................521 N. Capitol Ave., Lansing
Sherman, Geo. A.....................112 W. Hillsdale, Lansing 15
Sichler, Harper G. (R)..........301 Seymour Ave., Lansing 15
Siegel, David...........................2909 E. Grand River, Lansing
Silverman, Irving E...............2909 E. Grand River, Lansing
Sleight, Justin L......................2909 E. Grand River, Lansing
Smith, Anthony V..........................116 W. Sycamore, Mason
Smookler, Bernard H.............2909 E. Grand River, Lansing
Snyder, LeMoyne.........................P.O. Box S, Paradise, Calif.
Snyder, Ruth C. E.......234 W. Michigan Ave., East Lansing
Spagnuolo, Alfred J.....................1418 S. Logan St., Lansing
Spencer, J. Clyde...........................Sparrow Hospital, Lansing
Spencer, Perry C..................320 Townsend St., Lansing 15
Stanley, Arthur L...............1322 E. Michigan Ave., Lansing
Stehman, Vernon A.......................Lewis Cass Bldg., Lansing
Steinem, David L.......Lansing Mental Health Ctr., Lansing
Steiner, Abraham A. (R)...................Route 3, Grand Ledge
Stephan, Winton E.............1322 E. Michigan Ave., Lansing
Stilwill, Geo. D.........................2909 E Grand River, Lansing
Stimson, Paul R.................119 E. Grand River, East Lansing
Stone, Benj. J.........................2909 E. Grand River, Lansing
Stow, Robt. M.........................2909 E. Grand River, Lansing
Strauss, Percival C.........................3813 W. Willow, Lansing
Strempek, Walter F...........726 Whitehills Dr., East Lansing
Stringer, C. J.......................1322 E. Michigan Ave., Lansing
Sundell, Edwin C...........................1028 E. Saginaw, Lansing
Swartz, Fredk. C..........................720 Seymour St., Lansing
Tamblyn, Fredk. W...............335 Seymour Ave., Lansing 33
Thaden, D. W.....................208 M.A.C. Ave., East Lansing
Thimmig, Robt. F..........1322 E. Michigan Ave., Lansing 12
Tien, Hsin, Chen......124 W. Grand River Ave., E. Lansing
Toothaker, Kenneth W.....930 N. Washington Ave., Lansing
Trager, Fredk. C...........1322 E. Michigan Ave., Lansing 12
Trescott, Robt. F.................1322 E. Michigan Ave., Lansing
Trimby, Robt. H.................1322 E. Michigan Ave., Lansing

Troost, Franklin L....4378 W. Delhi Rd., Holt
Tucker, Billy J....809 E. Kingsley, Ann Arbor
Urban, Eva....540 Glenmoor, East Lansing
Vanderzalm, T. P....1452 Cambridge Rd., Lansing
Venier, Jos. H....544 Division, East Lansing
Wadley, Ralph....335 Seymour Ave., Lansing 33
Walker, Leo W....4225 Apple Tree Lane, Lansing
Warren, Leon H....3500 N. Logan St., Lansing
Wasty, George (A)....Henry Ford Hospital, Detroit
Wellman, John M....1322 E. Michigan Ave., Lansing
West, Chas. Carl....2909 E. Grand River, Lansing
Wilcox, K. R., Jr....Mich. Dept. of Health, Lansing
Wilensky, Thos....201 W. Hillsdale, Lansing
Willson, Howard S....704 Mich. Nat'l Tower, Lansing 8
Worthington, Ralph....810 W. Saginaw, Lansing 15
Wortley, Chas K....1017 E. Grand River, East Lansing
Zick, Gerald A....1322 E. Michigan Ave., Lansing 12
Ziel, Hermann A., Jr....Mich. Dept. of Health, Lansing

IONIA-MONTCALM COUNTY MEDICAL SOCIETY (94)

Anderson, D. Hess....207 Bridge St., Portland
Bennett, W. Bruce....Lakeview Hospital, Lakeview
Bird, Wm. L....917 W Oak St., Greenville
Birzgalis, Alfreds A....Ionia State Hospital, Ionia
Buck, Jack H....517 Division, Ionia
Bunce, Leo W....Trufant
Campbell, Richard E....106 N. Depot, Ionia
Dunkin, Lloyd S....410 S. Clay St., Greenville
Foust, Jos. C. (A)....Kisa Box 73, Tukuyu, Tanganyika, E. Africa
Fox, Harold M....Portland
Geib, Oscar P. (L)....Gaylord
Halick, John....200 S. Franklin, Greenville
Hansen, Carl M....Stanton
Haskell, Robt. H. (L)....Zetlands Estate Twr., Nevis, Leeward Isl., B.W.I.
Hoffs, Marinus A....911 Fourth St., Lake Odessa
House, Glenn W., Jr....1200 W Oak St., Greenville
Kazmers, Nikolas....Lakeview
Kopchick, Jos....Muir
Kozachik, Martin J....123 Bridge St., Portland
Lilly, Isaac S. (L)....Stanton
London, John L....Lakeview
Marston, Leo L....Box 235, Lakeview
Merchun, Frank A....11804 W. Carson City Rd., Greenville
Mitchell, Harold C....509 Johnson St., Ionia
Naglins, Jekabs....Ionia State Hospital, Ionia
Olsen, Bruce C....917 W. Oak St., Greenville
O'Malley, R. J....230½ W. Main, Ionia
Rice, Robt. E....P.O. Box 271, Greenville
Robertson, Perry C. (L)....327 Center St., Ionia
Sanford, Louis E....219 Main St., Belding
Slagh, Milton E....Saranac
Smith, Robt. O....724 Roselawn, Ionia
Socha, Edmund S....217 E. Main, Ionia
Stevens, Charles E....513 N. Lafayette St., Greenville
Tannheimer, John F....525 Lafayette St., Ionia
Van Loo, Jacob....103 E. Washington, Belding
Younis, Ahmad....821 Macomber St., Greenville

JACKSON COUNTY MEDICAL SOCIETY (98)

Adams, Ellis W....517 Wildwood Ave., Jackson
Ahronheim, J. H....Foote Memorial Hospital, Jackson
Allen, Duane M....Hanover Medical Center, Hanover
Appel, Saul....112 W. Michigan Ave., Jackson
Baker, Geo. M....350 S. Union, Parma
Beckwith, Sidney A....100 E. Main St., Stockbridge
Bentley, Jack P....2532 Spring Arbor Rd., Jackson
Bentley, Mary E. N....2532 Spring Arbor Rd., Jackson
Brashares, Zane A....Brooklyn
Bullen, G. R....418 Third St., Jackson
Buslepp, Robert C....901 Reynolds Bldg., Jackson
Clarke, Corwin S. (L)....Hacinda Carmel, Carmel, Calif.
Cooley, Chas. W....Mercy Hospital, Jackson
Cooley, Randall M. (L)....141 E. Robinson St., Jackson
Corley, Cecil (L)....204 Homecrest Rd., Jackson
Corley, Ennis H....1401 Reynolds Bldg., Jackson
Corley, Robt. W....204 Homecrest Rd., Jackson
Cox, Ferdinand (L)....1601 4th St., Jackson
Culver, Raymond E....435 Wildwood Ave., Jackson
Daly, Byrne M....297 W. Michigan, Jackson
Davenport, Bruce....404 McNeal St., Jackson
DeMay Cuthbert E. (L)....403 E. Michigan Ave., Jackson
DeMay, John D....403 E. Michigan Ave., Jackson
Deming, Richard C....724 W. Franklin, Jackson
Dengler, Chas. R. (L)....504 3rd St., Jackson
Douglas, Edward W. (L)....468 4th Avenue, New Kensington, Pa.
Filip, Hypolit K., Jr....P.O. Box 84, Jackson
Finton, Robt. E....610 W. Michigan, Jackson
Greenbaum, Harry....1203 Greenwood Ave., Jackson
Growt, Bowers H. (L)....Addison
Habenicht, Hilda A....545 Lansing Ave., Jackson
Hackett, Thos. L....519 N. East Ave., Jackson
Hamilton, James G....610 N. West Ave., Jackson
Hanft, Cyril F....144 E. Main St., Springport
Hardie, Geo. C....724 W. Michigan, Jackson
Hicks, Glenn C. (L)....1009 Wildwood Ave., Jackson
Holst, John B....606 City Bank Bldg., Jackson
Joerin, Wm. A....612 First St., Jackson
Karr, Jean P....502 W. Michigan Ave., Jackson
Keefer, Albert H....Concord
Kempton, Geo. B....511 S. West Ave., Jackson
Kiessling, A. J., Jr....511 S. West Ave., Jackson
Kobs, Robt. J....608 W. Michigan Ave., Jackson
Kudner, Donald F....435 Wildwood Ave., Jackson
Lake, Edward C....612 1st St., Jackson
Landron, Danl....4633 Page, Michigan Center
Latchaw, William R....4000 Cooper St., Jackson
Lenz, Chas. R., Jr....405 1st St., Jackson
Lewis, Elmore F. (L)....1112 Carlton Blvd., Jackson
Linden, Victor E....2025 Fourth St., Jackson
Maas, Gerald I....1615 Carlton Blvd., Jackson
McGarvey, Wm. E. (L)....161 W. Michigan Ave., Jackson
McLaughlin, John M....710 S Brown St., Jackson
McLaughlin, Miar J. (L)....710 S Brown St., Jackson
McLauthlin, H. B....439 Wildwood Ave., Jackson
McQuillan, F. P....611 Center St., Jackson
Meads, Jason B....161 W. Michigan Ave., Jackson
Medlar, Robt. E....719 Seventeenth St., Jackson
Morelli, Lorenzo....401 W. Prospect St., Jackson
Muhich, Ralph A....2532 Spring Arbor Rd., Jackson
Munro, Colin D. (L)....740 W. Michigan, Jackson
Munro, Nathan D....740 W. Michigan Ave., Jackson
Murphy, Bernard M....1134 E. Ganson St., Jackson
Newton, Ray E. (L)....180 W. Michigan Ave., Jackson
Niekamp, Harold....2532 Spring Arbor Rd., Jackson
Oleksy, Stanley P....744 W. Michigan, Jackson
Olsen, Lloyd L....610 W. Michigan Ave., Jackson
Oster, Harold L....1218 Greenwood Ave., Jackson
Otis, Grant L....525 Wildwood Ave., Jackson
Payne, Andrew K....Foote Memorial Hospital, Jackson
Phillips, Geo. H....Jackson Co. TB Sanat., Jackson
Pray, Frank F. (L)....310 Steward Ave., Jackson
Pray, Geo. R. (L)....404 S. Jackson St., Jackson
Preston, Joseph A....Mercy Hospital, Jackson
Rice, John W....421 McNeal St., Jackson
Ries, Richard G....612 First St., Jackson
Riley, Philip A....500 S. Jackson St., Jackson
Riley, Philip A., Jr....500 S. Jackson St., Jackson
Rua, Ignacio....1810 W. High, Jackson
Rucker, Joseph....1012 Francis St., Jackson
Sargent, Leland E....Foote Memorial Hospital, Jackson
Sautter, Wm. A....Horton
Schmidt, Theophile E. (L)..180 W. Michigan Ave., Jackson
Schneider, R. H....724 W. Franklin, Jackson
Scott, John A., Jr....432 W. Michigan, Jackson
Schaeffer, Leland D....1615 Carlton Blvd., Jackson
Sher, David B. (R)....3800 Kirkwood, Jackson
Sill, Henry W....724 W. Michigan Ave., Jackson
Sirhal, Alfred M....Brooklyn

Smith, Dean W.........500 W. Michigan Ave., Jackson
Southwick, W. A.........130 Maple Street, Springport
Stackable, Wm. R.........2532 Spring Arbor Rd., Jackson
Stewart, Lewis L., Jr.........1919 Kibby Rd., Jackson
Stolberg, Carl A.........724 W. Franklin, Jackson
Stone, Ethon L.........721 Seventeenth St., Jackson
Sugar, Saml.........180 W. Michigan Ave., Jackson
Tate, Cecil E.........1315 Francis St., Jackson
Taylor, Ross V.........517 Wildwood Ave., Jackson
Thalner, Leonard F.........609 W. Michigan Ave., Jackson
Thayer, Earl A. (L).........120 W. Michigan Ave., Jackson
Thompson, T. B.........434 Wildwood Ave., Jackson
Townsend, James W. (L).........108 Hauge Ave., Vandercook Lake, Jackson
Van Schoick, Frank.........419 W. High St., Jackson
Van Schoick, John D. (L).........Hanover
Van Schoick, R. M.........2120 Cascade Drive, Jackson
Van Wagnen, F. I., Jr.........434 Wildwood Ave., Jackson
Vivirski, Edward E.........603 S. Elm Ave., Jackson
Weddon, Edward R.........R.F.D. 2, Stockbridge
Wholihan, John W.........604 W. Michigan Ave., Jackson
Wickham, Woodward A.........2029 Fourth, Jackson
Wille, Warren S.........1204 First St., Jackson

KALAMAZOO ACADEMY OF MEDICINE (102)

Aach, Hugo A.........3314 Bronson Blvd., Kalamazoo 37
Ajemian, Edward P.........252 E. Lovell St., Kalamazoo
Alexander, C. A.........118 W. North St., Kalamazoo
Andrews, Sherman E.........224 E. Cedar St., Kalamazoo 8
Andrews, Thomas E.........224 E. Cedar St., Kalamazoo
Angell, Howard H. (A).........301 Henrietta St., Kalamazoo
Anglin, Walter M.........7211 Lantollarrey Rd., Kalamazoo
Appel, Ben A.........252 E. Lovell St., Kalamazoo
Appell, Wm. P.........252 E. Lovell St., Kalamazoo 8
Appell, Lloyd E.........126 N. Kalamazoo Ave., Vicksburg
Armstrong, Robt. J.........103 N. Burdick St., Kalamazoo 1
Balian, John V.........501 Bronson Med. Cen., Kalamazoo
Banner, Lawrence R.........Borgess Med. Center, Kalamazoo
Barrows, Winona M.........1500 Blakslee St., Kalamazoo
Barry, Manley L.........Plainwell Sanit., Plainwell
Bateman, William T.........914 S. Burdick, Kalamazoo
Bennett, Keith F.........252 E. Lovell St., Kalamazoo
Berglund, Thomas R.........6646 Portage Rd., Kalamazoo
Berglund, V. A.........6646 Portage Rd., Kalamazoo
Berry, Ivor, Jr.........516 Whites Rd., Kalamazoo
Betz, Eldean G.........1711 Merrill, Kalamazoo 6
Birch, Wm. G.........252 E. Lovell St., Kalamazoo 5
Bodmer, Harvey C.........403 W. Kalamazoo Ave., Kalamazoo
Bond, Glenn C. (A).........2824 S. Burdick St., Kalamazoo
Breneman, James C.........25 Pearl St., Galesburg
Brooks, Bert W.........4340 Lakeside Dr., Kalamazoo
Brown, Irmel W.........107 W. Michigan Ave., Kalamazoo
Brue, Peter P.........1009 Cambridge Dr., Kalamazoo
Burdick, Harry W.........1223 S. Park St., Kalamazoo
Burrell, Robt. B.........1711 Merrill St., Kalamazoo
Butler, Wm. J.........1631 Gull Rd., Kalamazoo
Callander, C. Glen.........252 E. Lovell St., Kalamazoo
Carter, E. R.........1324 S. Park St., Kalamazoo
Cartland, Geo. F., Ph.D. (A).........1704 Dover Rd., Kalamazoo
Cashen, Russell M.........252 E. Lovell St., Kalamazoo
Chodos, Dale D. J. (A).........301 Henrietta St., Kalamazoo
Chrest, Clarence P.........458 W. South St., Kalamazoo
Clement, F. L.........502 Bronson Med. Cen., Kalamazoo
Conrad, Maynard M.........252 E. Lovell St., Kalamazoo
Cooper, Paul F.........252 E. Lovell St., Kalamazoo
Cornish, F. L., III.........1631 Gull Rd., Kalamazoo
Cox, Franklin.........Borgess Hospital, Kalamazoo
Crawford, Kenneth L.........612 Douglas, Kalamazoo
Crawley, Kenneth R. (A).........301 Henrietta St., Kalamazoo
Creager, Ray O.........1218 Bronson Circle, Kalamazoo
Cretsinger, Francis C.........224 E. Cedar St., Kalamazoo
Currier, Richard K.........6646 Portage Rd., Kalamazoo
Dahlstrom, Doris E.........723 S. Westnedge Ave., Kalamazoo
Damiano, Robert E.........301 Henrietta St., Kalamazoo
Dana, Robt. L.........1631 Gull Rd., Kalamazoo
Decker, Wm. A.........1207 Oakland, Kalamazoo
Delbert, Stewart G.........914 S. Burdick St., Kalamazoo
DeLong, Robt. E.........Borgess Med. Center, Kalamazoo
DePree, Harold E.........252 E. Lovell St., Kalamazoo
DeVries, John M.........516 Whites Rd., Kalamazoo
Dew, Robt. R.........1711 Merrill St., Kalamazoo
DeWitt, Norman L.........103 N. Burdick St., Kalamazoo
Dick, Leo A.........611 Howard St., Kalamazoo
Doezema, Edward R.........516 Whites Rd., Kalamazoo
Dowd, Bennard J.........1700 Gull Rd., Kalamazoo
Doyle, Fredk. M.........611 Howard St., Kalamazoo
Dugger, James A.........2901 S. Westnedge Ave., Kalamazoo
Endrei, Arisztid.........1312 Oakland Dr., Kalamazoo
Estill, Don V.........414 W. Patterson St., Kalamazoo
Fath, August F.........1711 Merrill, Kalamazoo
Ferguson, Robt. K.........1324 S. Park, Kalamazoo
Finton, Max A.........252 E. Lovell St., Kalamazoo
Flunt, Roman.........Box A, Kalamazoo St. Hosp., Kalamazoo
Fopeano, John V.........1711 Merrill St., Kalamazoo
Fosmoe, Robert J.........458 W. South St., Kalamazoo
Fry, J. William.........212 Bronson Med Center, Kalamazoo
Fuller, Paul M.........1700 Gull Rd., Kalamazoo
Gardner, Carl A.........1410 Amer. Nat'l Bank, Kalamazoo
Gerard, Earl S. (A).........3410 Runnymede Dr., Kalamazoo
Gerstner, Richard M.........212 Bronson Med. Ctr., Kalamazoo
Gibson, Richard E.........Schoolcraft
Gladstone, Wm. S.........458 W. South St., Kalamazoo
Glaser, Danl. F.........463 Academy St., Kalamazoo
Goodhue, Lolita G. (L).........2503 W. Main St., Kalamazoo
Gove, Robert S.........1631 Gull Rd., Kalamazoo
Graf, Michael.........1631 Gull Rd., Kalamazoo
Grekin, Robt. H.........136 E. Michigan Ave., Kalamazoo
Gremel, Norman.........458 W. South St., Kalamazoo
Haddock, D. A., Jr.........6646 Portage St., Kalamazoo
Hagans, James A.........301 Henrietta St., Kalamazoo
Hailman, Harold F.........P.O. Box 430, Yonkers, N. Y.
Hammer, John M.........100 Maple St., Parchment
Hanson, Curtis M.........252 E. Lovell St., Kalamazoo
Hare, J. Donald.........516 Whites Road, Kalamazoo
Harrell, Frank G.........1602 Gull Rd., Kalamazoo
Harrelson, Wm. D.........1324 S. Park, Kalamazoo
Hayner, Russell A.........4015 Portage, Kalamazoo
Heersma, H. Sidney.........1711 Merrill St., Kalamazoo
Heinle, Robt. W.........Med. Div., Upjohn Co., Kalamazoo
Hendrix, J. W. (A).........2430 Wildemere St., Kalamazoo
Hersey, E. Freeman.........1215 Oakland Drive, Kalamazoo
Hersey, Margaret S.........1215 Oakland Dr., Kalamazoo
Hildreth, Roscoe C.........458 W. South St., Kalamazoo
Hodgman, Albert B.........612 Douglas Ave., Kalamazoo
Hodgman, Richard W.........612 Douglas Ave., Kalamazoo
Hoekstra, George J.........100 Maple St., Parchment
Howard, Willard H.........1536 Gull Rd., Kalamazoo
Hubbard, Edwin M.........252 E. Lovell St., Kalamazoo
Hume, Robt. H.........1711 Merrill St., Kalamazoo
Hunt, Jack.........1631 Gull Rd., Kalamazoo
Huyser, Wm. C. (L).........427 S. Burdick St., Kalamazoo
Irwin, Wm. D.........103 N. Burdick St., Kalamazoo
Janke, Robert A.........1416 W. Milham Rd., Kalamazoo
Jennings, Robt. M.........Box A, Kalamazoo State Hosp., Kalamazoo
Johnson, Fenimore T. (A).........Med. Div. Upjohn Co., Kalamazoo
Kavanaugh, John.........1631 Gull Rd., Kalamazoo
Kavanaugh, T. E.........1631 Gull Rd., Kalamazoo
Kavanaugh, Wm. R.........612 Douglas Ave., Kalamazoo
Kercher, Ervin F.........216 Bronson Med. Ctr., Kalamazoo
Kettunen, Robert C.........252 E. Lovell St., Kalamazoo
Kihm, John L.........1223 S. Park St., Kalamazoo
Kilgore, Robt. N.........252 E. Lovell St., Kalamazoo
Kincaid, Joseph E.........420 John St., Kalamazoo
Klerk, Wm. J.........914 S. Burdick St., Kalamazoo
Koestner, Paul A.........1303 Portage St., Kalamazoo
Lavender, Howard C. (A).........136 E. Michigan Ave., Kalamazoo
Lawrence, James O.........1409 Henderson Dr., Kalamazoo
Lawson, James B. (A).........Rt. 1, Box 190, Vicksburg
Lemmer, Richard A.........252 E. Lovell St., Kalamazoo
Light, Richard U.........916 American Natl. Bk. Bldg., Kalamazoo
Littig, John D.........1324 S. Park St., Kalamazoo
Locklin, W. Kaye.........136 E. Michigan, Kalamazoo
Louisell, James M.........611 Whitcomb St., Kalamazoo

Lowe, W. Carter......252 E. Lovell St., Kalamazoo
Loynd, James W., II......1324 S. Park St., Kalamazoo
MacDonald, M. A......252 E. Lovell St., Kalamazoo
MacGregor, John R......100 Maple St., Parchment
Machin, Harold A......420 John St., Kalamazoo
MacLeod, Garrard A., Ph.D., (A)......Upjohn Company Kalamazoo
Malone, James G......420 John St., Kalamazoo
Margolis, Fredk. J......2901 S. Westnedge, Kalamazoo
Marshall, Don......252 E. Lovell St., Kalamazoo
Marshall, Evelyn M. W. (A)......1508 Timberlane Dr., Kalamazoo
Marshall, Wm. P......705 Hanselman Bldg., Kalamazoo
Martens, Irvin J......1521 Gull Rd., Kalamazoo
May, Donald G......516 Whites Rd., Kalamazoo
McCarthy, Jos. S. (L)......1521 Gull Lake Rd., Kalamazoo
McColl, John A......1631 Gull Rd., Kalamazoo
McMahon, F. Gilbert......4302 Edgecliff Lane, Kalamazoo
Mellis, Richard......611 Whitcomb St., Kalamazoo
Moe, Carl R......1324 S. Park St., Kalamazoo
Molony, Basil A......3603 Runnymede Dr., Kalamazoo
Morter, Roy A. (L)......2421 Sheffield, Kalamazoo
Murdy, Robert C...Box A, Kalamazoo St. Hosp., Kalamazoo
Neerken, Adrian J......404 Bronson Med. Ctr., Kalamazoo
Nicholson, Robt. M......1711 Merrill, Kalamazoo
O'Donovan, C. J......2308 Broadmoor Dr., Elkhart, Ind.
Overbey, Chas. B., Jr......1000 Oakland Dr., Kalamazoo
Patmos, Martin......252 E. Lovell St., Kalamazoo
Peake, Chas. O., III......252 E. Lovell St., Kalamazoo
Pearson, Edwin O......458 W. South St., Kalamazoo
Peelen, J. W......611 Whitcomb St., Kalamazoo
Peelen, Matthew......252 E. Lovell St., Kalamazoo
Peltier, Hubert C. (A)....The Upjohn Company, Kalamazoo
Perry, Clifton W......1711 Merrill St., Kalamazoo
Pinkham, Raymond A......611 Whitcomb St., Kalamazoo
Pool, John D......1711 Merrill St., Kalamazoo
Powley, Gerald W......1711 Merrill St., Kalamazoo
Pullon, Alton E......1223 S. Park St., Kalamazoo
Reigel, Thomas J., Jr......2019 Rambling Rd., Kalamazoo
Rice, Franklin G......Western Michigan Univ., Kalamazoo
Rigterink, Gerald H......433 South Rose St., Kalamazoo
Roberts, Millard S......1631 Gull Rd., Kalamazoo
Rockwell, Donald C......1718 Amer. Natl. Bk. Bldg., Kalamazoo
Rogers, Rodney J......126 N. Kalamazoo, Vicksburg
Rutherford, P. S......Borgess Hospital, Kalamazoo
Ryan, Fredk. C......1631 Gull Rd., Kalamazoo
Sage, Edward D. (L)......902 Hanselman Bldg., Kalamazoo
Schaefer, Donald S. (A)....1416 W. Milham Rd., Kalamazoo
Scherer, Flora E......Box A, Kalamazoo State Hosp., Kalamazoo
Schneider, Edward M......Upjohn Company, Kalamazoo
Scholl, James W......1631 Gull Rd., Kalamazoo
Scholten, Roger A......252 E. Lovell St., Kalamazoo
Scholten, William (R)......Bronson Hospital, Kalamazoo
Schrieber, R. S., Ph.D. (A)....Upjohn Company, Kalamazoo
Schrier, Clarence T. M......1000 Oakland Dr., Kalamazoo
Schrier, Paul G. (R)......1467 Spruce Dr., Kalamazoo
Schrier, Thomas......Box 88, Comstock
Schut, Almon L......401 Bronson Med. Center, Kalamazoo
Schwallie, Paul C. (A)......483 Sunrise Circle, Kalamazoo
Simpson, Bernard W......610 S. Burdick, Kalamazoo
Skellenger, Wm. S......2019 Rambling Rd., Kalamazoo
Slatmyer, Karel R., Jr......705 Hanselman Bldg., Kalamazoo
Slenger, Walworth R......508 Village, Kalamazoo
Sofen, Morris B......107 W. Michigan Ave., Kalamazoo
Southworth, M. N......Schoolcraft
Springgate, R. R......1631 Gull Rd., Kalamazoo
Stewart, R. B......705 Hanselman Bldg., Kalamazoo
Stewart, Wm. C., Jr......2019 Rambling Rd., Kalamazoo
Stieglitz, L. D......2615 Stadium Dr., Kalamazoo
Stilwell, James R......220 Bronson Med. Center, Kalamazoo
Stryker, Homer H......Borgess Med. Center, Kalamazoo
Stubbs, Samuel S. (A)......1342 Lama Rd., Kalamazoo
Swann, Raymond O......611 Whitcomb St., Kalamazoo
Talanda, Edmund......3125 W. Main, Kalamazoo
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Beeman, Carl B......515 Lakeside Dr. S.E., Grand Rapids 6
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Davis, Roy A.....4236 Kalamazoo Ave. S.E., Grand Rapids 8
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Hyland, Wm. A..........515 Lakeside Dr. S.E., Grand Rapids
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Snyder, Clarence H...500 Cherry St. S.E., Grand Rapids 3
Southwick, C. H.....515 Lakeside Dr. S.E., Grand Rapids 6
Southwick, G. Howard......515 Lakeside S.E., Grand Rapids
Sprague, Wm. E..........1039 Fulton St. W., Grand Rapids 4
Starr, Charles R.......26 Sheldon Ave. S.E., Grand Rapids 2
Steffensen, W. H.......1810 Wealthy St. S.E., Grand Rapids
Stonehouse, Garnet G (R).............408 Medical Arts Bldg., Grand Rapids 2
Stoneman, Fernley...........................3011 Wilson, Grandville
Stover, Virgil E...........860 Gladstone S.E., Grand Rapids 6
Strong, LeRoy E.....515 Lakeside Dr. S.E., Grand Rapids 6
Stuart, Gerhardus J. (L).....................1140 Keystone Ave., River Forest, Ill.
Sugg, Cullen E..............303 Fulton St. E., Grand Rapids 3
Sugiyama, Tetsuo........110 E. Fulton St.....Grand Rapids 2
Sun, Keh Ming......St. Mary's Hosp. Lab., Grand Rapids 3
Sus Strong, Carl A. (R)......................2335 Northview S.W., Grand Rapids
Swan, Jerome W.....26 Sheldon Ave. S.E., Grand Rapids 2
Swanson, Alfred B..............................1810 Wealthy St. S.E., Grand Rapids 6
Swenson, Harold C.........124 Fulton St. E., Grand Rapids 2

Telego, A. J.........2505 Fletcher Dr. N.E., Grand Rapids 6
Ten Have, John....3515 Briggs Blvd. N.E., Grand Rapids 2
Ter Keurst, Donald H.......................2402 Eastern Ave. S.E., Grand Rapids 7
Tesseine, Arthur J.......1328 Madison S.E., Grand Rapids 7
Teusink, James H...Cedar Springs
Theodore, Paul G..........................1520 Plainfield Ave. N.E., Grand Rapids 5
Thompson, Athol B...........................1810 Wealthy St. S.E., Grand Rapids 6
Thompson, Edward C.......................153 Lafayette Ave. S.E., Grand Rapids 3
Thompson, Frank D....................4011 Reeds Lk. Blvd. S.E., Grand Rapids 6
Tidey, Marcus B. (A)..7157 Wildermere Dr. N.E., Rockford
Tiffany, Jos. C.....2322 Jefferson Dr. S.E., Grand Rapids 7
Torgerson, Wm. R...Ramona Medical Center, Grand Rapids
Townsend, Jack H., 515 Lakeside Dr. S.E., Grand Rapids 6
Troske, Robt. L. (M)..250 Fuller St. S.E., Grand Rapids 6
Truog, Clarence P.........110 Fulton St. E., Grand Rapids 2
Turcotte, V. J., Jr...515 Lakeside Dr. S.E., Grand Rapids 6

Vaandrager, Vernon D. (A)..........347 Bostwick Ave. N.E., Grand Rapids
Valdmanis, Ferdinands..2120 Lake Dr. S.E., Grand Rapids
Van Bree, Raymond S...812 Rosalie N.W., Grand Rapids 4
Van Dam, Forrest R...515 Lakeside Dr. S.E., Grand Rapids
Vanden Berg, A. R.......833 Lake Dr. S.E., Grand Rapids 6
Vanden Berg, Henry J. (L)............2933 Bonnell Road S.E., Grand Rapids
Vanden Berg, Wm. O...........................50 College Ave. S.E., Grand Rapids 3
Vander Kolk, K. J...........................2740 Eastern Ave. S.E., Grand Rapids 7
Vander Meer, Raymond......................26 Sheldon Ave. S.E., Grand Rapids 2
Vandermolen, John......124 Fulton St. E., Grand Rapids 2
Vander Ploeg, R. A.....26 Sheldon Ave. S.E., Grand Rapids
Vander Ploeg, Wm. H., 833 Lake Dr. S.E., Grand Rapids 6
Van Der Veer, Corwin G........................245 State St. S.E., Grand Rapids 3
Van Dommelen, G. M...........................456 Cherry St. S.E., Grand Rapids 3
Van Duine, Henry J.....153 Lafayette S.E., Grand Rapids 3
Van Dyke, Harold E...1108 Leonard St. N.E., Grand Rapids
Van Etten, Donald D. (A).................220 Union Ave. N.E., Grand Rapids 3
Van Goor, Kornelius............................26 Sheldon Ave. S.E., Grand Rapids 2
Van Noord, Gelmer A..........................6850 Division Ave. S., Grand Rapids 8
Van Portfliet, Paul........245 State St. S.E., Grand Rapids 3
Vansolkema, Andrew A.....953 E. Fulton St., Grand Rapids
Van T'Hof, Albert......50 College Ave. S.E., Grand Rapids 3
Van Vliet, Peter D. (A).................1416 Berkman Ct. S.W., Rochester, Minn.
Van Woerkom, Danl...........................933 Leonard St. N.W., Grand Rapids 4
Van Zanten Kuiper, K...................2208 Madison Ave. S. E., Grand Rapids
Van Zwalenburg, B. R.....................2054 Anderson Dr. S.E., Grand Rapids 6
Vasu, C. Mark (A)..............465 Tuttle N.E., Grand Rapids
Veldman, Harold E.........26 Sheldon Ave., Grand Rapids 2
Veltman, Jay H..........................3946 G 30th St., Grandville
Venema, Jay R., 540 Overbrook Lane S.E., Grand Rapids 7
Ver Lee, Jimmie J. (A)............Galmi Hospital, Galmi Via, Madaoua, Nigeria Republic, West Africa
Ver Meulen, John (L)..........2400 Wyoming, Grand Rapids
Ver Meulen, Peter (A)....105 Baynton N.E., Grand Rapids
Verwys, A. L. Hubert....815 Alger St. S.E., Grand Rapids 7
Vining, Keats K., Jr...515 Lakeside Dr. S.E., Grand Rapids
Vis, William R. (L)..26 Sheldon Ave. S.E., Grand Rapids 2
Visscher, H. C.........515 Lakeside Dr. S.E., Grand Rapids 6
Visscher, Robert D.....515 Lakeside Dr. S.E., Grand Rapids
Visser, Earl R.................124 Fulton St. E., Grand Rapids 2
Vogel, Anton..........1204 Madison Ave. S.E., Grand Rapids
Voss, John A.........2060 Alpine Ave. N.W., Grand Rapids 4
Vroon, John (A)........Takum Chr. Hospital, Pa Takum via Wukari, Makurdi, N. Nigeria, Africa
Vyn, Jay D.................7119 Driftwood S.E., Grand Rapids 6
Wahby, Elmer F.......300 Bostwick Ave. N.E., Grand Rapids

Walma, Daniel (A)........5762 Cadillac Dr,. Indianapolis 24, Ind.
Wassink, Roger N........26 Sheldon Ave. S.E., Grand Rapids
Waterman, Donald F...515 Lakeside Dr. S.E., Grand Rapids
Webb, Clarence F........833 Lake Dr. S.E., Grand Rapids 6
Webber, Jerome E.....50 College Ave. S.E., Grand Rapids 3
Weeber, Thomas A........3011 Wilson S.W., Grandville
Wehrenberg, R. A. (A)........2602 Frederick Dr. S.E., Grand Rapids
Weller, Keith E..........1200 Lake Dr. S.E., Grand Rapids 6
Wells, S. Merrill Jr. (L)..........2716 Bonnell Dr. S.E., Grand Rapids 6
Wenger, John N. (L)........112 Eastmanville St., Coopersville
Westendorp, Floyd..6850 Division Ave. S., Grand Rapids 8
Westerhoff, Robert J........2740 Eastern Ave. S.E., Grand Rapids
Whinery, Jos. F.....50 College Ave. S.E., Grand Rapids 3
Whitehouse, John D........1201 Colorado Ave. S.E., Grand Rapids 6
Whittenberger, R. N.....245 State St. S.E., Grand Rapids 3
Wiese, John L.........50 College Ave. S.E., Grand Rapids 3
Wilderom, Morris......303 Ionia Ave. S.W., Grand Rapids
Wilkes, John B.....1328 Madison Ave. S.E., Grand Rapids 7
Wilkinson, C. A........2030 Leonard St. N.W., Grand Rapids
Williams, John R............1111 Conlon S.E., Grand Rapids 6
Wilson, John R.........1033 Fulton St. W., Grand Rapids
Wilson, Robert J.........1011 Fulton St. E., Grand Rapids
Wilson, Wm. E. (R)........37 Prospect Ave. N.E., Grand Rapids
Winfield, Emery D. (A)........457 Burton S.E., Grand Rapids
Winter, Garrett E........1967 Godfrey Ave. S.W., Grand Rapids 9
Wright, Thos. B........2614 Plainfield Ave. N.E., Grand Rapids 8
Wurz, John F.........201 Norwood Ave. S.E. Grand Rapids 6
Wyngaarden, Martin K........245 State St. S.E., Grand Rapids 3
Yared, Jerome A.....651 Cherry St. S.E., Grand Rapids 6
Yost, William G. Jr........50 College Ave. S.E., Grand Rapids 3
Zadvinskis, Z........833 Lake Dr. S.E., Grand Rapids
Zimmerman, Wm. G.....26 Sheldon Ave. S.E., Grand Rapids
Zwemer, Rodger J........1810 Wealthy St. S.E., Grand Rapids

LAPEER COUNTY MEDICAL SOCIETY (110)

Abruzzo, Anthony M............Lapeer State Home, Lapeer
Bishop, G. Clare........Almont
Boruch, Leon R.........Drawer A, Lapeer State Home, Lapeer
Conaway, Chas. E........1257 N. Main St., Lapeer
Dorland, Clarke........221 Lincoln St., Lapeer
Doty, James R........315 Clay St., Lapeer
Greavu, Cornell Jr........North Branch
Haney, M. Bennet........409 E. St. Clair St., Almont
Heitsch, Wm. C........307 Clay St., Lapeer
House, Clifford........1750 Grey Rd., Lapeer
Kiehler, E. G., II........1444 W. Genesee St., Lapeer
Kocur, Lubomira..........Drawer A, Lapeer St. Home, Lapeer
Lebedovych, Emil........Drawer A, Lapeer St. Home, Lapeer
Lebedovych, Ksenia....Drawer A, Lapeer St. Home, Lapeer
Leith, Dorothy L........240 Main St., Imlay City
Lynk, Stanley M........4589 Lippincott, Lapeer
McBride, John R........431 Washington St., Lapeer
Smith, Ellen........400 White Rd. R. 1, Columbiaville
Smith, Glenn L........6552 Imlay City Rd., Imlay City
Zemmer, H. R. (A)........Lapeer
Zolliker, Carl R. (R)........3646 Slattery Rd., Lum

LENAWEE COUNTY MEDICAL SOCIETY (114)

Abraham, A. O........Hudson
Armovit, Herminio........236 S. Fourth St., Onstead
Benz, Carl A........308 N. Broad St., Adrian
Berghuis, John........693 Stockford Dr., Adrian
Blanchard, Lowell E........Hudson
Blanden, Merwin R........Tecumseh
Boyd, James W........4510 Southgate Lane, Adrian
Claxton, Wilbert T........Britton
Coak, Richard D............602 E. Pottawatamie St., Tecumseh
Cook, Carlton L........603 E. Pottawatamie, Tecumseh
Diccion, R. A........Addison
Dickman, Harry M........104 Oak St., Hudson
Dustin, Richard E........103 W. Brown St., Tecumseh
Eddy, Howard R. C........Mill Rd., Adrian
Feeney, James L........Mill St., Adrian
Fitzsimmons, Francis J........755 High St., Adrian
Gilkey, William C........693 Stockford Dr., Adrian
Gilmartin, Richard........Mill St., Adrian
Greiner, Robert A........Professional Bldg., Adrian
Hammel, Richard T........Tecumseh
Hammersley, Gordon........1361 Oregon Rd., Adrian
Harrison, Robt. E........418 W. Adrian, Blissfield
Heffron, Chas. H........231 N. Main St., Adrian
Heffron, C. Harold (A)........231 N. Main St., Adrian
Heffron, Howard H........231 N. Main St., Adrian
Helzerman, Ralph F........112 S. Ottawa St., Tecumseh
Hewes, Wm. H........Mill Rd., Adrian
Hinshaw, Warren V. (A)........950 Riverside, Adrian
Locke, Francis A........767 W. Maumee, Adrian
Miller, P. Lynford........310 E. Maumee St., Adrian
Ocamb, Harold D........600 E. Pottawatamie, Tecumseh
O'Connor, Archie R........122 Locust St., Clinton
Parker, Donald A........Bixby Hospital, Adrian
Patmos, Bernard........127 E. Maumee St., Adrian
Phelan, Alvin J........10 Cairns, Tecumseh
Raabe, Elmer C........Morenci
Richey, Bert R........765 Manitou Rd., Manitou Beach
Sarapo, Donato F........Mill St., Adrian
Shannon, Gordon........Blissfield
Skufis, Eleanor P........774 College Ave., Adrian
Skufis, Xenophon........123 E. Chestnut, Adrian
Stark, Emily S. (A)........513 E. Front St., Adrian
Stewart, Landis C........750 High St., Adrian
Tubbs, Ray V. (A)........120 E. Adrian, Blissfield
Van Dusen, Chad A. (L)........RFD 5, Blissfield
Wentz, Patricia........760 Riverside, Adrian
Whitehouse, Keith H........Morenci
Wilson, Geo. C........Box 224, Clinton
Wolf, Marvin B........689 Stockford Dr., Adrian
Wynn, Geo. H........1115 W. Maumee, Adrian

LIVINGSTON COUNTY MEDICAL SOCIETY (118)

Barton, Thos. A........116 N. Michigan, Howell
Chelski, Morris........116 W. Grand River, Brighton
Clarke, Niles A........624 Spencer Rd., Brighton
Damstra, Donald L............12893 E. Grand River, Brighton
Duffy, Ray M. (L)........P.O. Box 106, Pinckney
Fidler, Wm. F........Mich. State Sanitarium, Howell
Harebottle, Norman........Fowlerville
Hauer, R. Fred........Fowlerville
Hendren, Jesse J. (R)........Fowlerville
Higby, Thomas F........Fowlerville
Hill, Harold C........116 N. Michigan Ave., Howell
Hoffman, Stanley L........1200 Byron Rd., Howell
May, Louis E........City Route 4, Howell
Moreno, Jose........116 N. Michigan Ave., Howell
Perry, Florence J. C........17640 San Rose Ave., Lathrup Village
Phillips, R. W........Hamburg
Polack, Robt. T........1223 Thruber Dr., Howell

Schenden, A. J. (R)..........6335 W. M-36, Pinckney
Sheng, Luke H. C..........111 W. Grand River, Brighton
Smith, Russell F..........9569 Main St., Whitmore Lake
Stuber, Roscoe V..........1200 Byron Rd., Howell
Walker, Enos G..........4485 Cordley Lake, Lakeland
Wang, Stella K. C..........111 Grand River, Brighton
Woodworth, Edwin S..........1200 Byron Rd., Howell

LUCE COUNTY MEDICAL SOCIETY (122)

Cameron, Richard R..........Newberry State Hosp., Newberry
Gibson, Robt. E. L. Jr..........207 W. John St., Newberry
Gorham, Arwin..........Newberry State Hosp., Newberry
Grennan, Lawrence E..........Newberry
Hicks, R. P..........210 W. John St., Newberry
Keizer, B. G..........Newberry State Hosp., Newberry
Lasalle, Michael..........Newberry State Hosp., Newberry
Purmort, Wm. R., Jr..........Newberry State Hosp., Newberry
Surrell, Matthew A..........210 W. John St., Newberry
Thompson, Thos. W..........Newberry State Hosp., Newberry

MACOMB COUNTY MEDICAL SOCIETY (126)

Adler, Morton W..........19188 Appoline St., Detroit 35
Alexander, James H..........25815 Harper, St. Clair Shores
Alvarez, Mercedes..........11686 Eleven Mile Rd., Warren
Ambrose, Robt. H..........18801 E. Ten Mile Rd., Roseville
Arellano, Miguel A..........11868 E. Eleven Mile Rd., Warren
Audretsch, F. E..........36275 Alfred, New Baltimore
Barker, John G..........8050 Warren Blvd., Center Line
Beecher, Alvin J..........21501 Kelly, East Detroit
Biluk, Frank J..........GM Tech. Center, Warren
Bond, Franklyn F..........4861 E. Nine Mile Rd., Warren
Bower, Allen B. (L)..........Armada
Bryce, James W..........25219 Van Dyke Ave., Center Line
Buckley, Danl. J..........160 S. Walnut St., Mt. Clemens
Carruthers, W. B..........303 Monitor Leader Bldg., Mt. Clemens
Chabator, George..........294 Benjamin St., Romeo
Charbeneau, Harold P..........229 S. Gratiot, Mt. Clemens
Charbonier, Luis M..........11868 E. Eleven Mile Rd., Warren
Clay, Joel W..........263 S. Gratiot Ave., Mt. Clemens
Cohen, Alan..........19750 Stansburg, Detroit
Colah, Sorab A..........708 Monitor Leader Bldg., Mt. Clemens
Collon, David, D.D.S. (A)..........Romeo
Corbett, John..........225 S. Gratiot, Mt. Clemens
Cosio, Jose..........St. Joseph Hospital, Mt. Clemens
Courtney, Rufus S..........St. Joseph Hospital, Mt. Clemens
Croman, Jos. M., Jr. (R)..........131 Market St., Mt. Clemens
Curatolo, Victor..........67 Cass Ave., Mt. Clemens
Darian, H. B..........11528 E. 12 Mile Rd., Warren
Deal, Harold R..........23700 Van Dyke, Warren
Deocampo, Nestor D..........11702 E. 11 Mile Rd., Warren
Depaulis, Dario C..........22770 Kelly, East Detroit
Dudzinski, Edmund J..........424 Washington St., New Baltimore
Ebner, Charles M..........26401 Harper, St. Clair Shores
Ekelman, Seymour B..........14 Belleview, Mt. Clemens
Ellias, Elmer P..........23700 Van Dyke, Warren
Engels, John A..........69311 N. Main, Richmond
Erkfitz, Arthur W..........26401 Harper Ave., St. Clair Shores
Finn, James Wm..........46056 Cass, Utica
French, Lawrence W..........25815 Harper, St. Clair Shores
Fulgenzi, Andrew A..........17301 E. Eight Mile Rd., East Detroit
Gerbasi, Francis..........81 Lochmoor Blvd., Grosse Pte. Shs.
Gesser, Charles..........20914 Kelly Rd., East Detroit
Goldin, Morris I..........6902 Chicago Rd., Warren
Goldman, Bernard J..........243 S. Gratiot Ave., Mt. Clemens
Hahne, Otto H..........13403 Thirteen Mile Rd., Warren
Hartmann, Waldemar B..........1416 S. Gratiot, Mt. Clemens
Horvath, Julius..........18019 Holland Ave., East Detroit
Hranchook, Michael..........30001 Van Dyke, Warren
Hull, Frank J..........38224 Jonathan, Mt. Clemens
Iglesias, Ernesto R..........608 Monitor Leader Bldg., Mt. Clemens
Isbey, Edward K..........25020 Van Dyke, Center Line
Ivkovich, Peter (A)..........12501 E. 23 Mile Rd., Utica
Jacobs, Manuel..........23700 Van Dyke Ave., Warren
Jewell, James H..........Roseville Theatre Bldg., Roseville
Kane, John P..........67 Cass Ave., Mt. Clemens
Kane, Peter V..........67 Cass Ave., Mt. Clemens
Kane, Wm. J. (L)..........171 North Ave., Mt. Clemens
Kingsley, Joyce W. Jr..........18801 Ten Mile Rd., Roseville
Kirker, J. G..........68259 Main St., Richmond
Kirtland, Wm. B., Jr..........18801 E. Ten Mile Rd., Roseville
Klein, Alfred A..........23700 Van Dyke, Warren
Knoblauch, K. H..........8425 Twelve Mile Rd. E., Warren
Kommel, Richard M..........26510 Dundee, Huntington Woods
Kripke, Morton J..........52080 Van Dyke, Utica
Kroon, Joseph D..........37984 Bonkay, Mt. Clemens
Kurtz, Hyman (A)..........21414 Hillside, Mt. Clemens
Kypros, George P..........26401 Harper St., St. Clair Shores
Laporte, Lawrence A..........356 N. Clifton Rd., Birmingham
Lapp, Charles..........7817 McClellan, Utica
Levi, Charles..........8262 E. Twelve Mile Rd., Warren
Lublin, Ann..........21349 Kelly Rd., East Detroit
Maguire, Andrew J..........45569 Van Dyke, Utica
Marinelli, Ralph..........8252 E. Twelve Mile Rd., Warren
Mark, Hansi..........8236 E. 12 Mile Rd., Warren
Martin, Wm. L..........117 S. Main St., Romeo
Mattes, Max W..........18456 Wildemere, Detroit 21
Matthews, C., Jr..........14 Belleview, Mt. Clemens
Maxim, Edward S..........253 South Gratiot, Mt. Clemens
McGinty, John D..........243 S. Gratiot, Mt. Clemens
McMorrow, Kathryn..........15341 Nine Mile Rd., East Detroit
Merametdjian, Krikor..........8276 Cadillac, Warren
Merritt, Jule J..........36640 S. Gratiot Ave., Mt. Clemens
Messmer, Harold O..........7817 McClellan, Utica
Meyers, Sidney S..........28477 Hoover, Warren
Miller, Sidney S..........28477 Hoover Rd., Warren
Moore, Geo. F. (L)..........69434 N. Forest, Richmond
Morris, Gerald W..........14 Belleview, Mt. Clemens
Mulligan, Philip T..........612 Monitor Leader Bldg., Mt. Clemens
Nance, Marion E..........16666 14 Mile Rd., Fraser
Neiswander, Paul L..........Fisher Body Div. GMC, Warren
Nutting, Helen M..........22631 Greater Mack, St. Clair Shores
O'Shee, Vincent..........8216 E. Twelve Mile Rd., Warren
Oughtred, Orville..........26401 Harper, St. Clair Shores
Pacho, Marc..........27075 Gail, Warren
Paris, Delmo A..........18801 E. Ten Mile Rd., Roseville
Parmelee, N. H..........52080 Van Dyke Ave., Utica
Perez, Florence..........27075 Gail, Warren
Porretta, Anthony C..........25255 Ronald, Roseville
Ramos, Antonio E..........29846 Schoenherr, Warren
Reichman, Jos. J..........1455 Sheffield, Saginaw
Reitzel, Rufus H..........199 S. Gratiot Ave., Mt. Clemens
Reizen, Maurice S..........10564 Ludlow, Huntington Woods
Revere, Jos. O..........192 S. Gratiot Ave., Mt. Clemens
Rickman, Lewis D..........14 Howard, Mt. Clemens
Riddle, Charles B..........620 Eastland Prof. Bldg., Harper Woods
Rinkenberger, E. A..........243 S. Gratiot Ave., Mt. Clemens
Rivkin, Jos..........14 Belleview, Mt. Clemens
Rizzo, Albert..........21321 Harper, St. Clair Shores
Rooney, Robert..........23700 Van Dyke, Warren
Roth, Geo. E..........19136 Mendota Ave., Detroit 21
Rothman, Arthur M..........22422 Gratiot Ave., East Detroit
Rourke, Ronald E..........21503 Harper Ave., St. Clair Shores

Rousseau, Daniel L.........Monitor Leader Bldg., Mt. Clemens
Ruedisueli, C. A.....................19 Breitmeyer Pl., Mt. Clemens
Rush, Wm. E.............................25815 Harper, St. Clair Shores
Ryan, Jack............................23700 Van Dyke Ave., Warren
Ryan, Thomas E............................5518 Eastlawn, Detroit 13
Salot, Russell F............................67 Cass Ave., Mt. Clemens
Samet, Norman........310 Monitor Leader Bldg., Mt. Clemens
Sarnacki, Carl J.................8425 Twelve Mile Rd. E., Warren
Scher, Jos. N.............................130 Cass Ave., Mt. Clemens
Scher, Sydney.............................132 Cass Ave., Mt. Clemens
Schmunk, Robert F.....................136 Cass Ave., Mt. Clemens
Shaya, Ezra S...................................31170 Hoover, Warren
Siegfried, Edward G.........229 S. Gratiot Ave., Mt. Clemens
Simmons, Milton F.........12500 E. Twelve Mile Rd., Warren
Sims, Wm. N.....................229 S. Gratiot Ave., Mt. Clemens
Singer, Nelson.....................22100 Gratiot Ave., East Detroit
Stanton, James.............................225 S. Gratiot Mt. Clemens
Starbird, Wm. A.....................8216 E. 12 Mile Rd., Warren
Starkman, Morris.................................28477 Hoover, Warren
Steele, George H.........................229 S. Gratiot, Mt. Clemens
Steinberger, Eugene........................23700 Van Dyke, Warren
Stepka, Joseph E.....................................7817 McClellan, Utica
Stief, Kirwin...............................66 Riverview, Mt. Clemens
Stone, Elizabeth A...Romeo
Stone, Julius...67 Cass Ave., Mt. Clemens
Stone, Sanford............................4050 E. 12 Mile Rd., Warren
Stryker, Oscar D..............43525 Elizabeth Rd., Mt. Clemens
Sturm, Fredk. A..................76 Lochmoor, Grosse Pointe 36
Suksta, Adolph W........................23250 Gratiot, East Detroit
Suzuki, M..23700 Van Dyke, Warren
Teahan, Robert....................................50500 Mound Rd., Utica
Thompson, Alfred A..................126 Cass Ave., Mt. Clemens
Tinkey, L. Leo....................8306 Twelve Mile Rd., Warren
Transue, David..................................20963 Kelly, East Detroit
Trinkaus, Wm. F....................22033 Kelly Rd., East Detroit
Urbancic, William.......................24605 Almond, East Detroit
Weiss, Jack I..........................23700 Van Dyke Ave., Warren
Whitley, Alec............30233 Jefferson Ave., St. Clair Shores
Wiley, D. Bruce......................................46056 Cass Ave., Utica
Witus, Carl............................21349 Kelly Rd., East Detroit
Wolf, Ervin...17819 Homer St., Roseville
Wyte, Wm. C....................263 S. Gratiot Ave., Mt. Clemens
Yamasaki, Ken...................................23700 Van Dyke, Warren
Zavela, Dan......................679 N. Renaud, Grosse Pts. Wds.
Zook, Gilbert E. (A)...............253 S. Gratiot, Mt. Clemens
Zucker, Norman...........27225 Little Mack, St. Clair Shores

MANISTEE COUNTY MEDICAL SOCIETY (130)

Futterer, Le Roy A.....................Forest Clinic Bldg., Manistee
Garneau, Robt. R.......................Forest Clinic Bldg., Manistee
Gunderson, Edw. P., Jr.......................Greenbush St., Manistee
Hansen, Ernest C...................................326 First St., Manistee
Kiley, James A..310 9th St., Manistee
Konopa, John F......................................57 Poplar St., Manistee
Miller, Ernest B.....................................326 First St., Manistee
Oakes, Ellery A. (R)...................576 Bryant Ave., Manistee
Ramsdell, Homer A. (L)..................398 River St., Manistee
Rosenow, K. G........................Forest Clinic Bldg., Manistee
Schwarz, Marlowe L..Onekama
Schwing, Donald N..................Forest Clinic Bldg., Manistee
Wild, David A...310 9th St., Manistee

MARQUETTE-ALGER COUNTY MEDICAL SOCIETY (134)

Acocks, James R.................Morgan Hgts. Sanat., Marquette
Amolsch, Arthur L.........................1008 Bluff St., Marquette
Bennett, Arthur K. (L)....................Box 436, Mt. Dora, Fla.
Bennett, Matthew C................Medical Building, Marquette
Berry, Robt. F..........................Medical Building, Marquette
Bertucci, Jos. P.............................114 S. First St., Ishpeming
Bolitho, Thos. B...............................Medical Bldg, Marquette
Carefoot, Rankin L................St. Lukes Hospital, Marquette
Carter, James M......................Medical Building, Marquette
Casler, Wilbur L. (L)................131 E. Ridge St., Marquette
Celori, Luciano...........................315 N. Front St., Marquette
Conley, Donal T...................1st Natl. Bank Bldg., Marquette
Cooperstock, Moses..................Medical Building, Marquette
Corcoran, Wm. A. (L)..........200 S. Main Street, Ishpeming
D'Adesky, R. G...........2340 N.E. 53rd, Ft. Lauderdale, Fla.
Drom, Robert E. (A)....................................829 Croix, Negaunee
Drury, Chas. P. (R).............416 E. Hewitt Ave., Marquette
Elzinga, Eugene R.......................315 N. Front St., Marquette
Green, Southgate J..Gwinn
Hettle, Paul J..................211 Savings Bank Bldg., Marquette
Hornbogen, Danl. P.....................101 S. Front St., Marquette
Howe, Lloyd W. (L)..................101 S. Front St., Marquette
Huffman, Elston R.........................427 W. College, Marquette
Hulse, Robert C.......................210 E. Superior St., Munising
Humphrey, William C.................829 Croix Street, Negaunee
Jaedecke, Robt. G...................................829 Croix, Negaunee
Kane, Elizabeth D....................418 W. Magnetic, Marquette
Knutson, Geo. O. (A)................125 E. Main St., Negaunee
Koenig, Harry.............................116 S. Main St., Ishpeming
Kronschnabel, E. F..........................Medical Bldg., Marquette
Lambert, Warren C..................Medical Building, Marquette
Lexmond, M. J..........................524 Mather Ave., Ishpeming
Lindquist, Leo A............................Medical Bldg., Marquette
Lyons, James W.............................803 N. 3rd St., Marquette
Matthews, Norman L.......N. Mich. Child. Clinic, Marquette
Mudge, Thomas J....................Medical Building, Marquette
Mudge, Wm. A. (L)........................108 Ridge St., Negaunee
Narotzky, Archie S.........................Miracle Circle, Ishpeming
Niemi, Osmo........................No. Michigan Univ., Marquette
O'Brien, Francis D. (M)........154 Explorer, KI Sawyer AFB
Olson, Walter R..............................Sand Point Rd., Munising
Paine, Raymond L.................416 Teal Lake Ave., Negaunee
Pearson, Wallace G..................909 W. Magnetic, Marquette
Rosenbaum, Louis........................540 E. Division, Ishpeming
Sabin, Fredk. C..........................101 S. Front St., Marquette
Schmidt, Merle C. (A)..................Medical Bldg., Marquette
Schroeder, W. Gene.....................745 Mathe Ave., Ishpeming
Schweinsberg, Sara K. D. (A)....507 Bemis Rd., RFD, Saline
Strum, Gerald (M)..56th USAF Hospital, KI Sawyer AFB, Gwinn
Tearnan, Raymond A. (L)..Munising
Tobin, James F., Jr...................776 Mather Ave., Ishpeming
Van Riper, Paul (L)..Champion
Wall, David R.........................Aitamont & Fisher, Marquette
Williams, Reginald G...................524 Mather St., Ishpeming
Wilson, George M., Jr..............Medical Building, Marquette
Wright, Kenneth C....................Medical Building, Marquette

MASON COUNTY MEDICAL SOCIETY (138)

Bacon, Herbert G., Jr.........................101 N. Main, Scottville
Boon, A. Floyd....................................203 N. Ferry, Ludington
Carney, John R..............................202 N. Park St., Ludington
Carney, Ruth V. C......................202 N. Park Ave., Ludington
Castellani, R. J...................................P.O. Box 349, Ludington
Clark, Harry L. (L)............510 N. Lakeshore Dr., Ludington
Craymer, Austin....................................420 N. Rath, Ludington
Ewing, R. L..............................600 Tinkham Ave., Ludington
Hoffman, Howard B.........604 E. Ludington Ave., Ludington
Kellawan, Karl K...Scottville
Kleinschmidt, Gladys J.....401 E. Ludington Ave., Ludington
Martin, Wm. S...........................107 Ludington, Ludington
Mayer, Gerry............................600 Tinkham Ave., Ludington
Morrow, Wm. J..........................119 N. James St., Ludington
Ostrander, Robt. A................Lakewood Dr., C7, Ludington
Paukstis, Chas. A............................111 E. Court St., Ludington
Sutter, Wm. F............................220 S. James St., Ludington

MECOSTA-OSCEOLA-LAKE COUNTY MEDICAL SOCIETY (142)

Bruggema, Jacob..........Main St., Evart
Franklin, Benj. L. (L)..........Remus
Haldeman, Jack..........1014 S. State St., Big Rapids
Hickox, Leland A..........1014 S. State St., Big Rapids
Ivkovich, Paul..........Reed City
Kilmer, Paul B..........Reed City
Kowaleski, Edward H..........Remus
Lincoln, Norman V..........Reed City
Merlo, Frank A..........206 S. Michigan St., Big Rapids
Nelson, Lorenzo R..........RFD 1, Baldwin
Pratt, Gordon C..........Ferris Institute, Big Rapids
Tyson, James L..........1014 South State St., Big Rapids
Van Auken, Edward W..........229 S. Warren, Big Rapids
Walters, James E..........1014 S. State St., Big Rapids
White, John A..........121 S. Michigan St., Big Rapids

MEDICAL SOCIETY OF NORTH CENTRAL COUNTIES (150)

Backe, John C. (R)..6401 N. Fifth Ave., St. Petersburg, Fla.
Baker, Ophelia P..........199 Fairview, West Branch
Baker, Thomas A..........199 Fairview, West Branch
Barstow, Richard G..........Gaylord
Blaha, Vernon B..........Grayling
Boehm, John D. (R)..........West Branch
Bontrager, W. E..........Mio
Christensen, D. E..........N. Mich. TB San., Gaylord
Clippert, C. G. (R)..........308 Michigan Ave., Grayling
Coulter, Keith D..........Box 138, Alden
Crandell, Clare H. (R)..........West Branch
Forney, Fred A. (L)..........Saginaw County Hosp., Saginaw
Godfroy, Bernard..........Roscommon
Hasty, Earl A..........West Branch
Hayes, Louis F..........Gaylord
Henig, Benj. E..........Grayling
Howarth, Thos. W..........Gladwin
Jardine, Hugh M..........West Branch
Libke, Robert S..........Gaylord
Martens, Elvina..........Box 17, Fairview
Oppy, Charles L..........Roscommon
Peckham, Richard C..........Gaylord
Potvin, Clifford D..........Grayling
Rusak, R. D..........Gladwin
Schaiberger, Geo. L..........West Branch
Stealy, Stanley A..........Grayling
Timreck, Harold A..........Gladwin
Van Oosten, Howard E..........117 Burgess, West Branch
Wiegerink, L. T..........West Branch

MENOMINEE COUNTY MEDICAL SOCIETY (146)

Agneberg, Nils O..........531 1st St., Menominee
Anderson, N. O. (A)..........Daggett
Brukardt, Herman R..........534 First St., Menominee
Dewane, Francis J..........413 10th Ave., Menominee
Glickman, L. Grant..........958 First St., Menominee
Gonty, Arthur..........St. Joseph Lloyd Hosp., Menominee
Heidenreich, John R..........Daggett
Hopson, George H..........104 Tenth Ave., Menominee
Hopson, Patricia C..........104 Tenth Ave., Menominee
Jones, Wm. S..........1146 Tenth Ave., Menominee
Jones, Wm. S., Jr..........1146 Tenth Ave., Menominee
Kerwell, Karm C. (L)..........P.O. Box 17, Stephenson
Olson, Robt. C..........828 Tenth Ave., Menominee
Rogers, Raymond J..........205 1st St., Menominee
Towey, John W. (L)....1717 Orchid Lane, Middleton, Wisc.

MIDLAND COUNTY MEDICAL SOCIETY (154)

Athay, R. M. (R)..........4622 Concord Ct., Midland
Ballmer, Robt. S..........2715 Ashman St., Midland
Benjamin, Mac B..........307 Cass St., Sanford
Bernier, Jos. A..........218 E. Railway, Sanford
Blackhurst, J. F..........2715 Ashman St., Midland
Blackhurst, Robt. T..........Blackhurst Bldg., Midland
Bowsher, Robt. E..........2719 Ashman St., Midland
Bridge, Robt. G..........2715 Ashman, Midland
Bulmer, Dan J..........116 Harold St., Midland
Bush, Raymond C..........808 W. Sugnet, Midland
Buskirk, Maurice D..........110 W. Sugnet, Midland
Cline, J. Daniel..........504 Linwood Dr., Midland
Devlin, James A..........115 Jerome, Midland
Ellis, Ruth..........2510 Ashman, Midland
Fields, Dozier N., Jr..........515 W. Main St., Midland
Gay, Harold H..........Dow Chemical Co., Midland
Goethe, Roy M..........110 W. Sugnet, Midland
Gordon, Harold L..........Dow Chemical Co., Midland
Grant, Robert..........116 Harold St., Midland
Grewe, Norman C..........501 E. Pine St., Midland
Haberstroh, Colleen..........907 Eastman Rd., Midland
Harrigan, William E..........2706 Louanna, Midland
Heffernan, D. D..........402 Dartmouth, Midland
Holder, Benj. B..........Dow Chem. Co. Med. Dept., Midland
Howe, Irvin M..........110 W. Sugnet, Midland
Howell, Richard H..........2719 Ashman, Midland
Ittner, Martin J..........217 N. Saginaw Rd., Midland
Kramer, Chas. G..........Box 469, Dow Chemical, Midland
Kremski, John A..........Midland Hospital, Midland
Kwast, Harold A..........2715 Ashman, Midland
Linsenmann, Karl W..........2604 Manor Dr., Midland
Marks, Virginia A..........2706 Louanna, Midland
Maynard, Wm. A..........208 N. Fourth, Coleman
Meisel, Edward H., Jr..........Masonic Bldg., Midland
Moench, G. Fredk..........147 Center St., Sanford
O'Hora, Bernard A..........110 W. Sugnet Rd., Midland
Ohorodnik, Julius M..........109 Capitol Drive, Midland
Pike, Melvin H..........224 E. Larkin, Midland
Pollock, Robert..........Masonic Bldg., Midland
Poznak, Leonard A..........4005 Orchard Dr., Midland
Randolph, Stephen H..........201 E. Ellsworth St,. Midland
Redmon, William B..........115 Jerome, Midland
Schoff, Charles A..........2706 Louanne, Midland
Shriner, John W..........902 E. Ashman, Midland
Smock, Sidney N..........3911 Moorland Drive, Midland
Stewart, Richard..........Dow Chemical Co., Midland
Thamarus, W. E., Jr..........5801 Highland Dr., Midland
Towsley, Wilbur D..........515 W. Main St., Midland
Ulmer, George..........4005 Orchard, Midland
Westphal, Harry O..........3102 Swede Rd., Midland
Willison, Chas. H..........122 Townsend St., Midland
Yobst, G. James..........2719 Ashman, Midland

MONROE COUNTY MEDICAL SOCIETY (158)

Ames, Florence D..........2 W. Noble Ave., Monroe
Barrett, C. D., Sr..........Court House, Monroe
Black, Charles E..........721 N. Macomb St., Monroe
Blakey, Leonard C..........745 N. Monroe St., Monroe
Bond, Wm. W..........222 N. Monroe St., Monroe
Burroughs, J. J..........745 N. Monroe St., Monroe
Cigany, Zoltan B..........Carleton
Clark, Bruce..........8308 Lewis Ave., Temperance

Diehl, George Z..........721 N. Macomb, Monroe
Douglas, Dale W..........19 E. First St., Monroe
Dranginis, E. J..........Monroe Hospital, Monroe
Ewing, Robt. T..........130 Maple Blvd., Monroe
Flanders, John P..........31 Washington St., Monroe
Frary, Reginald A..........505 Strasburg, Monroe
Freud, John W..........1262 N. Macomb St., Monroe
Golden, Jean Dace..........304 Washington St., Monroe
Hensel, Hilda M..........12 E. 4th St., Monroe
Hnatchuk, Nicholas..........8079 Summerfield, Lambertville
Johnson, A. Esther..........751 N. Monroe St., Monroe
Kelso, S. Newton, Jr..........753 N. Monroe St., Monroe
King, John R..........12 East 4th St., Monroe
Laboe, Edward W..........424 Hollywood, Monroe
Lammers, Gerald P..........Ida
Liedel, Warren J..........725 N. Monroe St., Monroe
Loan, G. B..........429 N. Monroe St., Monroe
Long, Edgar C..........1310 N. Macomb St., Monroe
Lusher, William T..........8308 Lewis Ave., Temperance
McGeoch, Reginald W..........718 N. Macomb St., Monroe
McMillin, John H..........423 E. Elm St., Monroe
Meier, Walter A..........15463 S. Monroe St., Monroe
Middleton, W. S..........219 W. Front St., Monroe
Ozdaglar, Mehmet N..........721 N. Macomb, Monroe
Pinkus, Hermann K. B..........12 E. 4th St., Monroe
Reisig, Albert H..........1 S Monroe St., Monroe
Sisman, Bernard..........749 N. Monroe St., Monroe
Stephenson, Joy O..........721 N. Macomb St., Monroe
Streicher, Robt. G..........729 N. Monroe St., Monroe
Wagar, Spencer H..........31 Washington St., Monroe
Weeks, Vernon L..........326 N. Monroe, Monroe
Wilkins, Rolland W..........757 N. Monroe St., Monroe
Williams, Robt. J..........31 Washington St., Monroe
Wood, Russell J..........314 Richards, Monroe

MUSKEGON COUNTY MEDICAL SOCIETY (162)

Allen, Richard T..........768 W. Broadway, Muskegon Heights
Alt, William J..........Medical Arts Center, Muskegon
Askam, Ralph F..........Medical Arts Center, Muskegon
Atkinson, Annie L..........1019 Green Creek Rd., North Muskegon
August, Ralph V..........72 E. Broadway, Muskegon Heights
Barnard, Helen S..........33 Diana, Muskegon
Barnes, James W..........102 Professional Bldg., Montague
Barnett, James M..........2416 Peck St., Muskegon Heights
Benedict, Arthur L., Jr..........22 W. Southern Ave., Muskegon
Bloom, Robt. E..........Medical Arts Center, Muskegon
Bolthouse, Robt. E..........2101 Peck St., Muskegon Heights
Bond, Wm. H..........1282 Arthur St., Muskegon
Boyd, De Vere R..........1735 Peck St., Muskegon
Boyd, Jack L..........450 W. Western Ave., Muskegon
Bradshaw, Park S..........Medical Arts Center, Muskegon
Bultema, James H..........Medical Arts Center, Muskegon
Busard, J. Max..........1200 Ransom, Muskegon
Busard, Thos. R..........Medical Arts Center, Muskegon
Carlson, Mr. James C. (A)..........2060 Belmont, Muskegon
Chapin, Wm. S. (A)..........2136 Sanford, Muskegon Heights
Christophersen, J. W..........1276 Lake Shore Dr., Muskegon
Clapp, Henry W..........88 Strong Ave., Muskegon
Clifford, James D. (A)..........452 Maple, Plymouth
Closz, Harold F. (L)..........1727 Jefferson St., Muskegon
Clowater, Robert A..........1092 Holton Rd., Muskegon
Cornell, Homer E..........870 N. Second, South Muskegon
Crawford, John W., Jr..........Medical Arts Center, Muskegon
Cronick, Anne B..........435 Whitehall Rd., Muskegon
Dart, Dorothy O..........3956 Whitehall Rd., Muskegon
Dasler, Adolph F..........1507 Peck St., Muskegon
De Leeuw, Henry..........4090 Higate Rd., Muskegon
Diskin, Frank..........1324 Marquette Ave., Muskegon
Dykhuizen, H. D..........289 W. Western Ave., Muskegon
Ellis, Nicholas J..........1891 Lake Shore Dr., Muskegon
Engstrom, Albert D..........126 W. Colby, Whitehall
Farmer, John C..........Medical Arts Center, Muskegon
Fillingham, Enid (R)..........1034 Giles Rd., Muskegon
Findorff, William G..........Medical Arts Center, Muskegon
Fleischmann, Chas. B. (L)..........250 W. Webster Ave., Muskegon
Fles, Robt. J..........1715 Peck St., Muskegon
Folsom, John D..........1706 Peck St., Muskegon
Frandsen, Philip H..........Medical Arts Center, Muskegon
Fugate, E. M..........Medical Arts Center, Muskegon
Gaikema, Everett W. (R)....605 First St., North Muskegon
Garber, Frank W., Jr..........Hackley Union Bldg., Muskegon
Garber, Frank W..........235 Monroe Ave., Muskegon
Garrison, Robt. E., Jr..........126 W. Webster Ave., Muskegon
Giese, Douglas H..........204 Mich. Theater Bldg., Muskegon
Gillard, James L..........1642 Peck St., Muskegon
Goltz, Martha H. (L)..........Montague
Gouwens, W. E., Jr..........Medical Arts Center, Muskegon
Griffith, Robt. M..........68 E. Broadway, Muskegon Heights
Hack, Donald W..........Medical Arts Center, Muskegon
Hanley, Wm. J..........315 W. Clay Ave., Muskegon
Harryman, James E..........1200 Ransom St., Muskegon
Hartwell, Shattuck W..........450 W. Western Ave., Muskegon
Harvey, John G. Klemm..........Mercy Hospital, Muskegon
Heneveld, Edward H..........1603 Peck St., Muskegon
Heneveld, John (R)..........Brasstown, N. C.
Heneveld, Robt. G..........Medical Arts Center, Muskegon
Hennessy, Mary E. (A)..........1200 Ransom St., Muskegon
Herald, Osbie J..........1075 Jefferson St., Muskegon
Holly, Leland E..........876 N. Second St., Muskegon
Holly, Leland E., II..........878 N. Second St., Muskegon
Hornbeck, Wm. J..........1200 Ransom St., Muskegon
Huntley, Richard A..........1704 W. Sherman Blvd., Muskegon
Jesson, Robt. M..........1200 Ransom St., Muskegon
Johnston, E. H..........878 N. Second St., Muskegon
Joistad, Arthur H., Jr..........878 N. Second St., Muskegon
Kane, Thos. J. (M)..........2086 Leimert Blvd., Oakland 2, Calif.
Kay, Cecelia S..........932 Second St., Muskegon
Keilin, Marie (L)..........307 Liberty Life Bldg., Muskegon
Kerr, Howard J..........3054 Henry St., Muskegon
Kislov, Richard..........Medical Arts Center, Muskegon
Kleaveland, Ingram J..........1670 Peck St., Muskegon
Krenz, Marlin P..........Hackley Union Bk. Bldg., Muskegon
Lange, Eugene W..........337 N. Muskegon Blvd., Muskegon
Lapham, Landon M..........123 W. Colby, Whitehall
Lauretti, Emil J..........Medical Arts Center, Muskegon
Lauretti, L. A..........936 Second St., Muskegon
Laurin, Vilda S. (L)..........Medical Arts Center, Muskegon
Le Fevre, Geo. L., Jr. (R)..726 Lake Dr., North Muskegon
Le Fevre, Wm. M..........315 W. Clay Ave., Muskegon
Lemmen, Lloyd J..........3924 Henry St., Muskegon
Leonard, Mr. A. T. (A)..........435 Whitehall Rd., Muskegon
Loder, Leonel L..........289 W. Western Ave., Muskegon
Lott, James S..........878 Second St., Muskegon
Lowry, Robt. A..........2336 Peck St., Muskegon Heights
Maire, Lewis E..........1633 Peck St., Muskegon
Mandeville, C. B. (L)..........815 Hackley Union Bldg., Muskegon
Marrs, Jack Winton..........Med. Arts Bldg., Muskegon
McNair, John N..........936 Second St., Muskegon
Medema, Paul E..........1017 Sanford St., Muskegon
Meengs, Marvin B..........1725 Peck St., Muskegon
Miller, Phillip L..........1755 Peck St., Muskegon
Mulder, Lambertus..........Medical Arts Center, Muskegon
Mulligan, Alan W. (R)....123 West Larch Ave., Muskegon
Oden, C. L. A. (L)..........Medical Arts Center, Muskegon
Parsons, Frank W..........315 W. Clay Ave., Muskegon
Paterson, Lester C..........1643 Peck St., Muskegon
Peterson, Wm. F..........1094 Jefferson St., Muskegon
Pettinga, Frank L..........1603 Peck St., Muskegon
Prentice, Edwin W..........1017 Sanford St., Muskegon
Risk, Robt. D..........1160 Ransom St., Muskegon
Sanden, Howard V..........1643 Peck St., Muskegon
Scholle, Norbert W..........2500 Peck St., Muskegon Heights
Shebesta, Emil M..........Medical Arts Center, Muskegon
Smith, Robert E..........Medical Arts Center, Muskegon
Steffee, William P..........402 Center St., N. Muskegon
Stubbart, F. James..........2416 Peck St., Muskegon Heights
Sweda, George P..........Health Dept. Co. Bldg., Muskegon
Swedenburg, Robt. D..........503 Liberty Life Bldg., Muskegon

Swenson, Leland L..........1706 Peck St., Muskegon
Tellman, H. Clay..........302 Med. Arts Center, Muskegon
Thieme, Siegfried W. (L)..........12213 Stafford St., Ravenna
Thornton, Eugene S. (L)....301 E. Circle Dr., N. Muskegon
Toy, Chas. M..........1067 Pine St., Muskegon
Tyler, Wm. H..........1435 Peck St., Muskegon
Vandervelde, C. A..........283 W. Western Ave., Muskegon
Vangelder, Wm. C..........Medical Arts Center, Muskegon
Voikos, Geo. A..........179 Strong Ave., Muskegon
Wagenaar, Edward H..........3054 Henry St., Muskegon
White, Warren G., Jr..........1624 Peck St., Muskegon
Wiersma, Silas C..........Medical Arts Center, Muskegon
Wildgen, Bernard C..........Medical Arts Center, Muskegon
Wilke, Carl A. (R)..........(Address Unknown)
Williams, Dale L. (A)..........1107 Hendricks Rd., Muskegon
Williams, Edward V..........2501 Baker St., Muskegon Heights
Wilson, B. David (A)..........15428 Archdale, Detroit 27
Young, Malcolm C..........1700 Clinton St., Muskegon

NEWAYGO COUNTY MEDICAL SOCIETY (166)

Crowe, Findlay C..........Rt. 1, Hunterbrook Rd., Yorktown Heights, N. Y.
Decker, J. C..........Grant
Deur, Theodore R..........Grant
De Young, Jess..........111 W. Dayton, Fremont
Emerick, Robt. W..........Gerber Memorial Hosp., Fremont
Geerlings, Lambert J. (L)..........20 N. Division St., Fremont
Klein, J. Paul..........P.O. Box 111, Fremont
Masters, Brooker L..........111 W. Dayton, Fremont
Moore, Hugh R..........Newaygo
O'Neill, John W..........Dist. Health Dept. 5, White Cloud
Painter, Robert..........Grant
Paxton, Robt. E..........40 W. Sheridan, Fremont
Pedelty, Norman..........Newaygo
Vanden Berg, Tunis..........20 N. Division Ave., Fremont
Veenschoten, Girard..........Hesperia

NORTHERN MICHIGAN MEDICAL SOCIETY (170)

Allen, Robt. F..........Lockwood Hosp., Petoskey
Alm, Bernhard T..........418 Petoskey St., Petoskey
Blum, Benj. B..........1208 E. Mitchell, Petoskey
Burns, Dean C..........215 Division, Petoskey
Conkle, Guy C. (L)..........Masonic Bldg., Boyne City
Conklin, Frederic L. (A)....Lockwood Gen. Hosp., Petoskey
Connaughton, P. J..........314 Spencer, Petoskey
Conti, Jos. B..........924 E. Mitchell St., Petoskey
Conway, Wm. S..........910 E. Mitchell, Petoskey
Crippen, Edward F. (A)..........Rt. 1, Mancelona
Drake, Gerald..........511 Waukazoo, Petoskey
Duffie, Don H. (L)..........1018 Colby St., Mandison, Wis.
Elliott, Dean C..........Arlington Heights, Petoskey
Foster, Bradford S..........226 Park, Petoskey
Fulmer, Roger C..........Petoskey Rd., Harbor Springs
Grate, Lawrence E..........112 Clinton, Charlevoix
Hegener, Aloysius J..........1020 Howard, Petoskey
Homsi, Rateb..........802 S. Main St., Cheboygan
Inyart, Jack R..........Mancelona
Kirk, Thomas R..........West Sheridan Rd., Petoskey
Knecht, Richard A..........226 Park Ave., Petoskey
Kutcipal, R. A..........1018 Lindell, Petoskey
Larson, Walter E..........456 S. Huron, Cheboygan
Lawrie, Guy K..........816 S. Citrus Ave., West Covina, Calif.
Lentini, Nicholas..........Cheboygan
Lignell, John H..........Rt. 3, Division St., Charlevoix
Litzenburger, A. F..........411 Pearl St., Boyne City
Martin, Robt. G..........707 Bridge, Charlevoix
Mateskon, Victor S..........Sunset Blvd, Petoskey
Mayne, Frederick C. (L)..........P.O. Box 387, Cheboygan
McCullough, W. L..........115 Clinton, Petoskey
McEnroe, John E..........1005 E. Mitchell, Petoskey
McKnight, Robt. D..........Lincoln Place, Petoskey
Mertz, Joanne E..........Resort Pike, Petoskey
Park, Richard..........Burns Clinic, Petoskey
Pearson, Robt. E..........215 Water St., Boyne City
Postle, Jack R..........Arlington Heights, Petoskey
Rauch, Carl T..........420 Riverside Dr., Cheboygan
Reus, Leonard W..........226 Park Ave., Petoskey
Rodger, John R..........Bellaire
Saltonstall, G. B..........112 Clinton St., Charlevoix
Savory, John H..........East Jordan
Schaefer, Joseph C..........1133 Valley View, Petoskey
Shanahan, Robt. E..........1015 Lindell Ave., Petoskey
Sheets, John A..........1111 E. Mitchell, Petoskey
Smith, James R..........901 Spruce St., Petoskey
Snide, Rollin F..........125 N. Main St., Cheboygan
Spengler, John R..........1111½ E. Mitchell, Petoskey
Stringham, James R. (L)..........225 Backus St., Cheboygan
Taylor, Robt. M..........Lincoln Place, Petoskey
Uhlich, Gustav A..........E. Mitchell Rd., Petoskey
Van Dellen, Jerrian..........Water St., East Jordan
Webster, Jean H..........200 Sunset St., Petoskey
Weburg, Kathryn D..........Burns Clinic, Petoskey
Zipf, Charles..........Douglas Lake, Pellston

OAKLAND COUNTY MEDICAL SOCIETY (174)

Abbott, Vernon C..........1405 Pontiac St. Bk., Pontiac
Adair, Robin..........800 S. Adams, Birmingham
Adams, Fredk. M..........800 S. Adams, Birmingham
Albert, Donald G..........1665 Twelve Mile Rd., Berkley
Albrecht, Robt. W..........2111 Cass Lake Rd., Keego Harbor
Altshuler, Ira M. (L)..........17600 W. 8 Mile, Southfield
Anaya, Jacinto M. (A)..........Pontiac State Hosp., Pontiac
Anderson, Alexander S..........602 N. Woodward, Birmingham
Arena, Joseph A., Jr..........31815 Southfield Rd., Birmingham
Arnkoff, Harry..........45 W. Huron St., Pontiac
Ashare, Raymond..........35 S. Johnson, Pontiac
Aulie, Hal G..........420 Washington Sq. Bldg., Royal Oak
Awes, Lorraine E..........35 S. Johnson, Pontiac
Baier, Kurt..........2186 Garland, Pontiac 19
Baker, Frederick A. (L)..........4575 Motorway Dr., Pontiac
Bannow, Robt. J..........880 Woodward Ave., Pontiac
Barker, Chas. P..........214 Wabeek Bldg., Birmingham
Barker, Howard B. (L)..........880 Woodward Ave., Pontiac
Barlow, Peter P..........31815 Southfield Rd., Birmingham
Barnes, Donald J..........717 W. Ten Mile Rd., Pleasant Ridge
Barr, Norman L.....965 Orchard Ridge Rd., Bloomfield Hills
Barrett, John L..........800 S. Adams, Birmingham
Barron, Robert A..........4085 Pontiac Trail, Orchard Lake
Bauer, Bruce D..........22643 Stephenson Hwy., Hazel Park
Bauer, Edward G..........101½ N. Saginaw, Pontiac
Bauer, Ernest W., Sr..........22643 Stephenson Hwy., Hazel Park
Bauer, Ernest W., Jr..........22643 Stephenson Hwy., Hazel Park
Bauer, Franz..........909 Woodward Ave., Pontiac
Baylis, Shelby M..........35 S. Johnson, Pontiac
Beattie, Willard G. (R)..........2500 Sample Rd., Pompano Beach, Fla.
Beck, Otto O. (L)..........308 Wabeek Bldg., Birmingham
Becker, Paul M..........1890 Southfield Rd., Birmingham
Belknap, Warren F..........1809 S. Main St., Pleasant Ridge
Berg, Richard M..........880 Woodward Ave., Pontiac
Berger, Chas. J..........17220 W. Eight Mi. Rd., Southfield
Berkman, Ruth..........31555 W. Ten Mile Rd., Farmington
Berman, Bernard D..........1070 N. Telegraph Rd., Pontiac
Berman, Gilbert M..........22100 Coolidge, Oak Park
Beuker, John T..........1100 N. Woodward Ave., Birmingham
Beyer, Hans A..........5675 Kolly Rd., Birmingham
Birkelo, Carl H..........4680 Dixie Hwy., Drayton Plains
Blakey, John M. (A)....Wm. Beaumont Hospital, Royal Oak
Blanchard, Gerald E..........GMC Pontiac Mtr. Div., Pontiac

Blue, Jane....................................19125 Hillcrest, Birmingham
Blunt, Lynn Waldo (A)............1035 Island Dr., Ann Arbor
Boesky, Malcolm D.............................26789 Woodward Ave., Huntington Woods
Boileau, Thornton I.........2075 E. 14 Mile Rd., Birmingham
Bookmyer, Robt M.........31815 Southfield Rd., Birmingham
Boucher, Roman E.......4200 N. Woodward Ave., Royal Oak
Bowers, Chas. L.......................909 Woodward Ave., Pontiac
Brady, Neal C...................19040 Riverside Dr., Birmingham
Bronson, Wm. W...........28119 John R St., Madison Heights
Brown, Arnold L.....................................35 S. Johnson, Pontiac
Browne, Richard T. (A)......2421 Evergreen Dr., Royal Oak
Bryant, F. W...............201 Washington Sq. Bldg., Royal Oak
Budd, Alexander S. Z...3511 Lakecrest Dr., Bloomfield Hills
Buehrig, Robert....................................5790 M 15, Clarkston
Bullard, R. W., Jr...................................5790 M 15, Clarkston
Burger, John H...............31815 Southfield Rd., Birmingham
Burgess, Bruno..........................29250 Longview St., Warren
Burke, Chauncey G.......................35 W. Huron St., Pontiac
Byberg, Robt. A.......420 Washington Sq. Bldg., Royal Oak
Cabrera, G. P...........420 Washington Sq. Bldg., Royal Oak
Calhoun, Ethel T...............707 Lakeview Ave., Birmingham
Calkins, Edwin A. (A)........865 N. Lapeer Rd., Lake Orion
Campbell, K. N.........1465 Cedar Bend Dr., Bloomfield Hills
Campbell, Malcolm D. (R)....................(Address Unknown)
Capetanakis, D...........................3613 Devonshire, Detroit 24
Carlisle, Jos. D.................1810 Woodward Ave., Birmingham
Carpenter, G. B., Jr.............622 N. Woodward, Birmingham
Carrow, Joyce M. (A)..................1469 Highmoor Highway, Bloomfield Hills
Cefai, Anthony F..................................35 S. Johnson, Pontiac
Chandler, Douglas..............1890 Southfield Rd., Birmingham
Chandler, Jos. H.................1401 S. Washington, Royal Oak
Cheng, James T. (A)......39 McKay Ave., E. Orange, N. J.
Cherup, Nicholas..................Pontiac General Hosp., Pontiac
Childers, Merle A..............................320 Walnut, Rochester
Christensen, Willis L.....109 W. Eleven Mile Rd., Royal Oak
Clair, Alvin H.................31815 Southfield Rd., Birmingham
Clarke, Harriet A.....................................130 Seminole, Pontiac
Cline, Alan L........................4299 Roseberry, Drayton Plains
Cobb, Thos. H...........................880 Woodward Ave., Pontiac
Cohen, Jack J............................17226 Adrian Rd., Southfield
Cohen, Lewis............26602 Dundee Rd., Huntington Woods
Collins, Edward F., Jr...................35 W. Huron St., Pontiac
Condon, Frank J.........................2401 E. Fourth, Royal Oak
Conner, Edward D...........3856 S. Miller Way, Birmingham
Conrad, Cecil D...........3027 N. Woodward Ave., Royal Oak
Cooksey, Norton J...............801 S. Adams Rd., Birmingham
Cooley, Roy V.............................318 S. Blvd. West, Pontiac
Cooper, Edmond L.......4200 N. Woodward Ave., Royal Oak
Cooper, Robt. J. (A)..............5917 E. 4th St., Tucson, Ariz.
Cooper, Robt. S...........3027 N. Woodward Ave., Royal Oak
Corrigan, K. E., Ph.D. (A)..........Wm. Beaumont Hospital, Royal Oak
Coskey, Ralph J...........................22100 Coolidge, Oak Park
Coucke, Henry O.........1148 S. Woowdard Ave., Royal Oak
Counts, Robert W.........................302 Walnut St., Rochester
Crissman, Howell C.......22750 Woodward Ave., Ferndale 20
Crum, Roger E.......................................35 S. Johnson, Pontiac
Cudney, Ethan B. (L).........................35 S. Johnson, Pontiac
Cutler, Wm. M.....................800 S. Adams Rd., Birmingham
Dahlgren, Carl W...........3023 Orchard Lake, Keego Harbor
Darling, C. G., Jr......................880 Woodward Ave., Pontiac
Dayton, Richard C...........427 W. University Dr., Rochester
Dehne, Kurt G. (A)........Box A, Pontiac St. Hosp., Pontiac
Deighton, Murray N.....................23023 Orchard Lake Rd., Farmington
De Jongh, Edwin............Pontiac Motor Div., GMC, Pontiac
Delaney, Malcolm J.......................23023 Orchard Lake Rd., Farmington
De Lawter, Hilbert H...........925 E. Maple Rd., Birmingham
Delevie, Jaap B...............................640 Riker Bldg., Pontiac
Deutsch, Wm. L.................600 W. 11 Mile Rd., Royal Oak
De Vito, H. Louis..........................3115 Angelus Dr., Pontiac
Dobski, Edwin J.......................909 Woodward Ave., Pontiac
Doerr, Louis E., Jr...............1413 S. Washington, Royal Oak
Donnelly, Wm. J...............2561 Elizabeth Lake Rd., Pontiac
Dorsey, John M., Jr.......31815 Southfield Rd., Birmingham
Drew, Dale R............................909 Woodward Ave., Pontiac
Duane, William O...909 East 12 Mile Rd., Madison Heights
Duhamel, Peter A...........25000 W. Ten Mile Rd., Southfield
Dunlap, Gregg L.....2870 Orchard Lake Rd., Keego Harbor
Dunn, Lewis E.....................3924 Twelve Mile Rd., Berkley
Durak, Gerald G..............1809 S. Main St., Pleasant Ridge
Durocher, Normand E.........................35 S. Johnson, Pontiac
Dustin, Robt. W.......................1314 W. Lincoln, Birmingham
Ekelund, Clifford T. (L)..............35 W. Huron St., Pontiac
Elder, Edward E., Jr..........................1116 Voorheis, Pontiac
Endress, Z. F., Jr....................................35 S. Johnson, Pontiac
Engel, John B. (R)..................235 Linden Rd., Birmingham
Ensroth, Jack F.................1100 N. Woodward, Birmingham
Esslinger, John O.........622 N. Woodward Ave., Birmingham
Evseeff, Geo. S.....................2685 Amberly Rd., Birmingham
Farah, Jalil.......................................4385 Shenandoah, Allen Park
Fargher, Robert A...............660 South Boulevard E., Pontiac
Farnham, Lucius A. (L).................622 Riker Bldg., Pontiac
Fenton, James L. (A)..............3241 Belle Court, Royal Oak
Fink, L. Jerome...............................500 W. Huron St., Pontiac
Finkell, Lawrence J.......................15231 W. Seven Mile Rd., Detroit 35
Fishman, Gordon R. A...........25721 Coolidge, Oak Park 37
Fitzpatrick, F. J...............................92 Spokane Dr., Pontiac
Flaharty, Wm. J.............25000 W. Ten Mile Rd., Southfield
Flick, John R.........................120 W. Second St., Royal Oak
Forest, Jean L.............................4540 Pickering, Birmingham
Fox, Ralph M.......................800 S. Adams Rd., Birmingham
Furlong, Harold A......................35 S. Johnson Ave., Pontiac
Fushman, John A.......4200 N. Woodward Ave., Royal Oak
Gaba, Howard B.................................17328 Ohio, Detroit 21
Gaber, Ben................10831 W. Ten Mile Rd., Oak Park 37
Gadbaw, Jos. J................23607 Farmington Rd., Farmington
Gaensbauer, F.............1965 N. Hammond Lake Dr., Pontiac
Gagliardi, R. A..........................880 Woodward Ave., Pontiac
Galpin, Richard R...............525 Southfield Rd., Birmingham
Garber, Max J...........23023 Orchard Lake Rd., Farmington
Gariepy, Bernard F.............120 W. 11 Mile Rd., Royal Oak
Gates, Edward M.................................35 S. Johnson, Pontiac
Gates, Joann M.............................861 W. Huron St., Pontiac
Gatley, Cleo R. (R)..........................97 N. Perry St., Pontiac
Gatley, Leslie W..........................97 N. Perry St., Pontiac 14
Gause, Richard C...........31815 Southfield Rd., Birmingham
Gayles, Carlos B. (A).......................51 Seminole St., Pontiac
Gehringer, Norman F.......................880 Woodward, Pontiac
Geist, Edgar J., Jr...................1500 Walton Blvd., Rochester
Gell, James W............................35 S. Johnson Ave., Pontiac
Gelstein, Lazaro..........................909 Woodward Ave., Pontiac
Gerls, Frank B. (L)............602 Pontiac Bank Bldg., Pontiac
Gibson, Wellington C...................206 E. Commerce, Milford
Gill, Matthew J.............3115 Franklin Rd., Bloomfield Hills
Glen, Harold.....................................26684 Grand River, Detroit
Goerner, Dorothy M. (A)........1500 Henrietta, Birmingham
Goldstein, Herbert........22100 Coolidge Hwy., Oak Park 37
Goode, Norman J., Jr...................1117 S. Washington Ave., Royal Oak
Goodspeed, Roger F. (A)....................2914 Griffith, Berkley
Gordon, Clayton H.....1099 N. Cranbrook Rd., Birmingham
Gradolph, Paul L.........23338 Woodward Ave., Ferndale 20
Gray, Murray H..........................22100 Coolidge, Oak Park 37
Green, J. Donald.......................217 Briggs Bldg., Birmingham
Green, Ralph S.......................24100 Stratford, Oak Park 37
Green, Willard M...............................35 S. Johnson, Pontiac
Grekin, Thos. D...........603 W. Eleven Mile Rd., Royal Oak
Gustafson, Everette.............................35 S. Johnson, Pontiac
Gutterman, Meyer A.....25085 Coolidge Hwy, Oak Park 37
Haanes, Merle A.........................909 Woodward Ave., Pontiac
Hackett, Danl. J..................................782 Owego Dr., Pontiac
Hagman, George L. (L)................711 Rogue Valley Manor, Medford, Ore.
Hague, Gilbert W...........739 Westview Rd., Bloomfield Hills
Halsted, Lee H...........32440 Grand River Ave., Farmington
Hambalgo, George J..................3210 Belle Court, Royal Oak
Hamburger, Joel I.............20905 Greenfield Rd., Southfield
Hamilton, Quentin P.................20905 Greenfield, Southfield
Hammonds, Everett E. (A)....2851 Hyland Dr, Birmingham
Han, Maolin.........................3358 Auburn Rd., Auburn Heights
Harmon, Lewis G.............1775 E. 14 Mile Rd., Birmingham
Harrold, John A.............................534 Franklin Rd., Pontiac
Harvey, Campbell (L)............35 W. Huron St., Pontiac 15
Hassberger, John B.....620 N. Woodward Ave., Birmingham
Hathaway, Wm. S.................................433½ Main, Rochester
Hayden, H. S., Ph.D. (A)..............Wm. Beaumont Hospital, Royal Oak

Henderson, James E........765 Oakleigh Dr., Bloomfield Hills
Henderson, Worth W...........1307 S. Washington, Royal Oak
Hendren, Owen S........1408 Pontiac Bank Bldg., Pontiac 14
Henry, Colonel R...............125 W. Nine Mile Rd., Ferndale
Hensley, Chas. B....................248 S. Broadway, Lake Orion
Herman, Edward L..................Pontiac State Hosp., Pontiac
Hermes, Charles R.............................. 5790 M 15, Clarkston
Hoekman, Aben..............1740 Hamilton Dr., Rte. 3, Pontiac
Hopkins, Melvin, Jr.,...............900 Baldwin Ave., Pontiac 11
Hopkins, Wm. J...........17000 W. Eight Mile Rd., Southfield
Howell, Lynn E.........................909 Woodward Ave., Pontiac
Hrushka, Myroslaw..................Pontiac State Hosp., Pontiac
Hsu, John J..................................Pontiac State Hosp., Pontiac
Hubert, John R..................880 Woodward Ave., Pontiac 14
Ignatius, Aram A.........1915 E. Nine Mile Rd., Ferndale 20
Imperi, Lillian L.................13128 Wales, Huntington Woods
Jacobi, Rodman C.........................91 S. Washington, Oxford
Jagnow, Nanette..................525 Southfield Rd., Birmingham
James, Robt. E., Jr...........2561 Elizabeth Lake Rd., Pontiac
Jenkins, Henry L...................................161 State St., Pontiac
Johnson, Clare G....................909 S. Woodward Ave., Pontiac
Johnson, J. Frederic....23760 N. Woodward, Pleasant Ridge
Johnson, Robert H.........444 W. University Ave., Rochester
Joyce, John A............................413 Woodward Ave., Rochester
Jury, Donald B.............1126 S. Woodward Ave., Royal Oak
Kadian, George.................20905 Greenfield Rd., Southfield
Katz, Austin M. (A)................Pontiac State Hosp., Pontiac
Katz, Sidney F...................................17350 Dorset, Southfield
Kaufman, Jacob M...........................26075 Woodward Ave., Huntington Woods
Kay, Sherman A.................1026 S. Washington, Royal Oak
Kazdan, Louis L.....13801 W. Nine Mile Rd., Oak Park 37
Keeffe, Eugene J........................880 Woodward Ave., Pontiac
Kemp, Felix J............................880 Woodward Ave., Pontiac
Kendrick, H. F., Jr.....................................35 S. Johnson, Pontiac
Kennison, Warren S.......................250 Martin, Birmingham
Kerr, Edwin C..........................32749 Franklin Rd., Franklin
Ketchum, Jesse....26075 Woodward Ave., Huntington Woods
Kettler, Hans J.......................25160 Edgemont Rd., Southfield
Klegman, Jerome H.....1700 W. Eight Mile Rd., Southfield
Klewicki, H. A........................22720 Woodward, Ferndale 20
Knox, Richard S.............325 Washington Sq. Pl., Royal Oak
Koehler, Wm. H.............4416 Far Hill Dr., Bloomfield Hills
Koltonow, Lawrence.................The Haven San., Rochester
Kornmesser, James G....................23023 Orchard Lake Rd., Farmington
Kozlow, Clifford S...............4274 N. Woodward, Royal Oak
Kozlow, L. Ange..................4274 N. Woodward, Royal Oak
Kozonis, Michael C.................880 Woodward Ave., Pontiac
Kozora, Elmer J...............17650 W. 12 Mile Rd., Southfield
Krane, Mark...125 Alice Ave., Pontiac
Krecke, Charles F.........2250 Anderson S.E., Grand Rapids
Kresge, Bruce A.......................1500 Walton Blvd., Rochester
Krieger, Norman N...............................402 Union St., Milford
Krohn, Don R...........23023 Orchard Lake Rd., Farmington
Kuhel, Eli H..........................24764 Southfield Rd., Southfield
Kuhn, Anne C....................4203 W. 13 Mile Rd., Royal Oak
Kuhn, Robt. E.................4203 W. 13 Mile Rd., Royal Oak
Kurnetz, Ruben..............10831 W. Ten Mile Rd., Oak Park
La Core, Ivan A...............Rice Memorial Clinic, Houghton
Ladd, James E..........................21815 Southfield, Birmingham
Lahti, Paul T.....................3600 W. 13 Mile Rd., Royal Oak
Lambert, Alvin G.................3027 N. Woodward, Royal Oak
Lambie, John S. (L)...................280 Aspen Rd., Birmingham
Landry, Roy A..................Clarkston Prof. Center, Clarkston
Larson, Alvin R........................880 Woodward Ave., Pontiac
Laux, Philip J., Jr...............3027 N. Woodward, Royal Oak
Leach, Chas. A., Jr.............525 Southfield Rd., Birmingham
Leahy, Etta Link (R)........................1616 Wiltshire, Berkley
Leichtman, R. R...................5770 Ortonville Rd., Clarkston
Lessien, Bruce T.............4045 W. Thirteen Mile, Royal Oak
Levin, Murray B...............7046 Cathedral Dr., Birmingham
Levine, Bernard....25835 Parkwood Dr., Huntington Woods
Lewis, Sol M. (L).........................541 W. Oakridge, Ferndale
Lichtwardt, Harry E.......247 N. Hunter Blvd., Birmingham
Lichtwardt, John R.........247 N. Hunter Blvd., Birmingham
Lievois, Edward G...........289 Westbourne Dr., Birmingham
Lilly, Richard J.................6530 Cathedral Dr., Birmingham
Limia, Antonio G.....................24360 Kenosha, Oak Park 37
Ling, T. W......................23607 Farmington Rd., Farmington
Linn, Herman J.................3601 W. 13 Mile Rd., Royal Oak
Longyear, Harold W.........4045 W. 13 Mile Rd., Royal Oak
Lowell, James W.........................2330 Fairway, Birmingham
Lowery, Anthony J. (R)..............8030 Flagstaff, Union Lake
Lussos, A. S......................2707 Bridle Rd., Bloomfield Hills
Lutes, Byron B.............1401 S. Washington Ave., Royal Oak
Lyons, Robt. T.....................................35 S. Johnson, Pontiac
Manz, Howard N.......23023 Orchard Lake Rd., Farmington
Marcotte, Oliver J.........25000 W. Ten Mile Rd., Southfield
Margrave, Edmund D. (L)................306 W. Ten Mile Rd., Royal Oak
Margulis, R. Ralph.................31815 Southfield, Birmingham
Markley, John M................655 Ridge Rd., Bloomfield Hills
Maroko, Szymon W..............Pontiac State Hospital, Pontiac
Marra, John J...............................461 W. Huron St., Pontiac
Marsa, Percy S.....................785 N. Lapeer Rd., Lake Orion
Martin, Donald W....................Pontiac State Hosp., Pontiac
Martin, Francis A............................880 Woodward, Pontiac
Mason, Robt. J.............618 N Woodward Ave., Birmingham
Mathura, G. R..........................880 Woodward Ave., Pontiac
Mayor, Raymond L...............................35 S. Johnson, Pontiac
McCain, French H.......628 N. Woodward Ave., Birmingham
McCandliss, D. H...................................35 S. Johnson, Pontiac
McConkie, James P...............2425 W. Lincoln, Birmingham
McDonald, Robert J.....4200 N. Woodward Ave., Royal Oak
McElroy, Wm. J., Jr............420 East Fourth St., Royal Oak
McEvoy, Francis J.....................1715 Crooks Rd., Royal Oak
McHugh, James M.............20905 Greenfield Rd., Southfield
McInerney, Thos. S.......................2026 Laurome, Royal Oak
McIntyre, Jack B..............................625 Purdy, Birmingham
McIntyre, Kenneth E. (A).........................3830 Maule Rd., Pensacola, Fla.
McLaughlin, J. H.................604 N. Woodward, Birmingham
McNeill, Howard H..........................225 W. Hickory Grove, Bloomfield Hills
McPhee, Edward C...........................909 Woodward, Pontiac
McWhirter, W. W...............................302 Walnut, Rochester
Mehas, Constantine P.......................30404 Chickering Lane, Bloomfield Hills
Meisner, Harry E.........25497 Hereford, Huntington Woods
Mercer, Frank A. (L)....................3032 Morningview Terr., Birmingham
Mevorah, Barukh L..................114 S. Lafayette, Royal Oak
Milgrom, Sidney............1229 S. Washington St., Royal Oak
Miller, Arthur C.................17988 Buckingham, Birmingham
Miller, Hazen L...............31815 Southfield Rd., Birmingham
Miller, Hubert.............................28554 Rivercrest, Southfield
Miller, Irving M.........23023 Orchard Lake Rd., Farmington
Miller, Sidney.............................800 S. Adams, Birmingham
Mimura, James T...................31815 Southfield, Birmingham
Moloney, James C........5851 Farmington Rd., Orchard Lake
Montgomery, J. C. (L)..........25717 Coolidge, Oak Park 37
Morin, Leonard A...................29929 Vernon Dr., Southfield
Mueller, Elmer J.............31815 Southfiled Rd., Birmingham
Mumby, Clinton J..............................26789 Woodward Ave., Huntington Woods
Munson, Harry L.................MacKenzie Clinic, Walled Lake
Murguz, Atalay M.................1625 E. Fourth St., Royal Oak
Nalbandian, Robt. M.....5154 Nob Hill Ct., Bloomfield Hills
Nalepa, Eugene J.......................880 Woodward Ave., Pontiac
Nasizadeh, M. R. (A)...........................(Address Unknown)
Naz, John F. (A)..................2826 Orange Grove, Waterford
Nessel, Jack H...................................880 Woodward, Pontiac
Netzel, Robert J..................................1376 Eason St., Pontiac
Newcomb, Arnold B.........19834 Riverside Dr., Birmingham
Nichamin, Samuel J...........20905 Greenfield Rd., Southfield
Nickerson, Ivey D...............6245 Golfview Dr., Birmingham
Niederluecke, D. C...................................35 S. Johnson, Pontiac
Nosanchuk, Jos. I....................................35 S. Johnson, Pontiac
O'Donnell, C. H.............23338 Woodward Ave., Ferndale 20
Oliphant, Wm. W.................785 N. Lapeer Rd., Lake Orion
Olsen, Richard E.......................900 Woodward Ave., Pontiac
O'Neill, James A...................................5790 M 15, Clarkston
Ormond, John K. (L)..............909 Woodward Ave., Pontiac
O'Sullivan, Girardin S.....................26520 Willowgreen Way, Franklin
Ott, Harold A.......................3019 N. Woodward, Royal Oak
Overy, Donald C.......................880 Woodward Ave., Pontiac
Packard, David C.......................5648 Highland Rd., Pontiac
Page, Oliver W., Jr.....................149 Franklin Blvd., Pontiac
Palmer, Hayden D..........................35 W. Huron St., Pontiac
Patrick, Chas. I.................4721 Dixie Hwy., Drayton Plains

Patterson, J. C...............3600 W. Thirteen Mile, Royal Oak
Pauli, Theodore H...................880 Woodward Ave., Pontiac
Payton, Chas. F........................1719 Crooks Rd., Royal Oak
Pear, Erwin G...............3027 N. Woodward Ave., Royal Oak
Pearce, James F.............306 S. Washington Ave., Royal Oak
Peirce, Wm. H.......................800 S. Adams Rd., Birmingham
Pelletier, Chas. J.....................1111 N. Campbell, Royal Oak
Pensavecchia, J. S.............3235 Walma Drive, Orchard Lake
Pfister, Richard C. (A)......267 Elizabeth Lake Rd., Pontiac
Piggott, Leonard R................................(Address Unknown)
Pool, Robert, Jr............................1405 Pilgrim, Birmingham
Porter, Kenneth F.............2709 Bradway Blvd., Birmingham
Portnoy, Harold D......................445 W. Huron St., Pontiac
Ports, Preston W.................33108 Grand River, Farmington
Poznanski, Elva O..............................26789 Woodward Ave., Huntington Woods
Poznanski, W. A.........1100 N. Woodward Ave., Birmingham
Prather, Frank W................................347 N. Main, Milford
Prendergast, J. J. (A)................1864 Fairview, Birmingham
Prevette, Isaac C. (L).............10 W. Huron St., Pontiac 14
Pridmore, John..........................2741 Onagon Trail, Pontiac
Proctor, Bruce....................................3431 Baldwin, Pontiac
Puhac, Maria (A).......................Pontiac State Hosp., Pontiac
Quarton, Albert E., Jr...........542 Pilgrim Rd., Birmingham
Quigley, J. Patrick (A)............3229 Belle Court, Royal Oak
Quinn, James R., Jr.....2070 W. Valley Rd., Bloomfield Hills

Ragins, Abner I..........................909 Woodward Ave., Pontiac
Ranney, Kenneth I.............1100 N. Woodward, Birmingham
Raszus, George C...............4680 Dixie Hwy., Drayton Plains
Raynale, George P. (L)......302 Wabeek Bldg., Birmingham
Read, James A.....................610 N. Woodward, Birmingham
Rech, Wm. R.........................MacKenzie Clinic, Walled Lake
Reeves, Elizabeth H.......7350 Cooley Lake Rd., Union Lake
Regualos, F. H., Jr. (A).......................3601 W. 13 Mile Rd., Royal Oak
Reid, Fred T..............................49 W. 14 Mile Rd., Clawson
Reid, Robert E.............................2958 Woodslee, Royal Oak
Reilly, Richard C.....................880 Woodward Ave., Pontiac
Reutter, Carolyn............17600 Northland Pk. Ct., Southfield
Richard, Robert E.....................1719 Crooks Rd., Royal Oak
Richards, Wilson P...........3500 W. Maple Rd., Birmingham
Richardson, Robt. P...............25717 Coolidge, Oak Park 37
Riggs, Harry L...........................149 Franklin Blvd., Pontiac
Riker, Aaron D...............................35 W. Huron St., Pontiac
Roehm, Harold R.................319 Wabeek Bldg., Birmingham
Rossin, Herbert W...............20905 Greenfield Rd., Southfield
Rowley, Laurie G. (L)......4400 Dixie Hwy., Drayton Plains
Rupp, Edson C., Jr.......1775 E. Fourteen Mile, Birmingham
Rush, Alva D., Jr..........................391 Hamilton, Birmingham
Ruskin, David S..................20905 Greenfield Rd., Southfield
Russell, Vincent P.......324 Washington Sq. Bldg., Royal Oak
Rutzky, Julius.......................St. Joseph Mercy Hosp., Pontiac
Ruva, Jos. J..............................4463 Dixie Hwy., Drayton Plains

Sadovsky, Vincent J.................880 Woodward Ave., Pontiac
Safavian, M. H. (A)..........900 Woodward Ave., Pontiac 19
St. John, Harold A................35 West Huron St., Pontiac 15
Salisbury, C. S.......................21580 Greenfield, Oak Park 37
Salva, Donald L...................32316 Grand River, Farmington
Samborski, Anne H.............32316 Grand River, Farmington
Sanford, Glenn A.................................35 S. Johnson, Pontiac
Sansone, Thos. J.......................909 Woodward Ave., Pontiac
Satersmoen, Theodore...........................35 S. Johnson, Pontiac
Sawyer, Howard J. (A)............21971 Sloman, Oak Park 37
Schaefer, Wm. C.......................240 Daines St., Birmingham
Schirle, Jos. L., Jr.......................1116 Voorheis Rd., Pontiac
Schlecte, Eve L. (A)......................609 Lake St., Tawas City
Schlelcte, I. Carl (A)....................609 Lake St., Tawas City
Schmitt, Phillip E. (A)................ V. A. Hospital, Dearborn
Schneyer, Jerome J.......25000 W. Ten Mile Rd., Southfield
Schoenfeld, Robt. J.....794 N. Woodward Ave., Birmingham
Scholes, Danl. R...........................277 Pierce St., Birmingham
Schorling Otis W..............................302 Walnut, Rochester
Schuneman, Howard A.......................23760 Woodward Ave., Pleasant Ridge
Schwartz, David............33120 W. Twelve Mile, Farmington
Schweinsberg, Stephen...................1109 W. Long Lake Rd., Bloomfield Hills
Seaborn, Arthur J.......1413 S. Washington Ave., Royal Oak
Segula, Robt. L...................................35 S. Johnson, Pontiac
Selman, Robert............................500 W. Huron St., Pontiac
Sempere, Chas. R...............................35 S. Johnson, Pontiac
Sewell, Geo. R.......411 West Ten Mile Rd., Pleasant Ridge
Shadley, Maxwell L...................................94 Ottawa Dr., Pontiac
Shea, James Joseph..................................35 S. Johnson, Pontiac
Sheffield, Loren C...................................35 S. Johnson, Pontiac
Sheridan, F. Michael......1307 S. Washington St., Royal Oak
Sherkat, Mehdi (A)......Wm. Beaumont Hospital, Royal Oak
Siegel, Marvin D...........................445 W. Huron St., Pontiac
Siffring, Loren W.........................427 W. University, Rochester
Silvani, John.................................909 Woodward Ave., Pontiac
Simpson, David F...........381 Rivard Blvd., Grosse Pointe 30
Simpson, Edward K. (L)..............................2 Sunset Avenue, Chatham, Ont., Canada
Simpson, John R...........................800 S. Adams, Birmingham
Smith, Carleton A.....................880 Woodward Ave., Pontiac
Smith, Donald S.................................936 Riker Bldg., Pontiac
Smith, Geo. E...........629 Washington Sq. Bldg., Royal Oak
Somerville, Wm. J.................145 Cambridge, Pleasant Ridge
Sosin, Allen...................23023 Farmington Rd., Farmington
Spademan, Loren C.............484 Warren Court, Birmingham
Sencer, Lloyd H.........1219 S. Washington Ave., Royal Oak
Spoehr, Eugene L...........22832 Woodward Ave., Ferndale 20
Spohn, Earle W.......................201 S. Center St., Royal Oak
Stageman, John C..............................909 Woodward, Pontiac
Stanisavljevic, S.................2338 Woodward Ave., Royal Oak
Stanley, Wm. F.....................1148 S. Woodward, Royal Oak
Steffes, Everette M...................3345 Coolidge Hwy., Berkley
Stolpman, A. K.....................640 N. Woodward, Birmingham
Stratton, Donald P...........3601 W. 13 Mile Rd., Royal Oak
Stremler, Bernard J................1460 Chesterfield, Birmingham
Stuecheli, Milton B...............1084 Willow Lane, Birmingham
Sullivan, Paul M.......................909 Woodward Ave., Pontiac
Sutton, Palmer E.............................222 Linden, Birmingham
Swickle, Edward F...................................17 S. Main, Clawson
Swingle, Norman E.........2075 E. 14 Mile Rd., Birmingham
Szappanyos, Bela..........3325 Burning Bush Rd., Birmingham
Szybko, Valentine..................4274 N. Woodward, Royal Oak
Tarpinian, Dick A...............24601 Coolidge Hwy., Oak Park
Tauber, Abraham............................500 W. Huron St., Pontiac
Teshima, John Y...........22720 Woodward Ave., Ferndale 20
Tierney, Thomas D.............450 N. Woodward, Birmingham
Torgerson, Thos. S.....794 N. Woodward Ave., Birmingham
Touma, Alfred....26789 Woodward Ave., Huntington Woods
Tregenza, Wm. K.......................20905 Greenfield, Southfield
Trumpour, Donald J.........114 W. University Dr., Rochester
Ulgenalp, Attila O...................880 Woodward Ave., Pontiac
Ulveling, Robert A........................500 W. Huron St., Pontiac
Urwiller, K. L...........................909 Woodward Ave., Pontiac
Van De Leuv, John H.............91 S. Washington St., Oxford
Vanden Berg, Kenneth...........................35 S. Johnson, Pontiac
Van Zoeren, Jay J...........937 Rock Spring Rd., Birmingham
Varbedian, Thos. G.............205 Wabeek Bldg., Birmingham
Vaught, Richard K...................2009 Crooks Rd., Royal Oak
Victoria, M. A. (A)...................................108 Auburn, Pontiac
Virga, Geo. M...........................715 N. Main St., Royal Oak
von Valtier, Cheryl C..........................202 Walnut, Rochester
von Valtier, Wm. F.............................202 Walnut, Rochester
Voss, Erich P. (A).....................Pontiac State Hosp., Pontiac
Wagner, Ruth E. (L)...................315 Ellen Ave., Royal Oak
Wake, Douglas L.........................1406 Woodsboro, Royal Oak
Wallace, Donald B...................880 Woodward Ave., Pontiac
Wallack, Erwin N...........15660 W. Ten Mile Rd., Southfield
Wangner, William F.............1401 S. Washington, Royal Oak
Ward, W. Paul...........................6631 Castle Drive, Birmingham
Warner, Fredk. O.........3245 Sashabaw Rd., Drayton Plains
Watson, Robert M...................................402 Union St., Milford
Watson, Thos. Y.................640 N. Woodward, Birmingham
Weaver, Arthur (A)..........................91 Depot Line, Karachi, West Pakistan
Webber, Lynn F. (R)........461 Colonial Ct., Grosse Pte. 36
Wechsler, Norman.....................880 Woodward Ave., Pontiac
Wegrzyn, George C...........2556 Endsleigh Dr., Birmingham
Weisman, Lawrence S..........................909 East 12 Mile Rd., Madison Heights
Wendling, Dieter..............31815 Southfield Rd., Birmingham
Wessels, Robt. R...................302 Wabeek Bldg., Birmingham
Westfall, Edwin J..................1665 Twelve Mile Rd., Berkley
Westmaas, Wm. J......................364 Roanoke St., Birmingham
White, R. Hamilton............384 Hamilton Ave., Birmingham
Wiant, John L............................258 Briggs Bldg., Birmingham
Wigent, Ralph D.................35 S. Johnson, Suite 26, Pontiac
Wilkinson, Wm. C....................880 Woodward Ave., Pontiac

Williams, John P..........35 S. Johnson, Pontiac
Willis, Maurice E..........35 S. Johnson, Pontiac
Woodward, Hanna L..........950 East Maple, Birmingham
Woodward, Robert D..........1100 N. Woodward Ave., Birmingham
Yesko, Veldora C..........26075 Woodward Ave., Huntington Woods
Ylvisaker, John R..........880 Woodward Ave., Pontiac
Young, Arthur R..........35 W. Huron St., Pontiac 15
Zimmerman, Walter J..........32340 Sylvan Lane, Birmingham
Zinterhofer, J. J., Jr..........27621 Santa Barbara Dr., Lathrup Village
Zujko, Alphonse J..........880 Woodward, Pontiac

OCEANA COUNTY MEDICAL SOCIETY (178)

Davis, Linford J..........22 N. State St., Hart
Diehl, Clarence E., Jr..........204 N. Michigan Ave., Shelby
Hasty, Willis A..........405 State St., Shelby
Johnson, C. A..........Box 6, New Era
Mullen, Warren R..........Pentwater
Ratzlaff, Alvin J..........219 State St., Hart
Robinson, Wm. G. (A)..........Memorial Hospital, Fatehgarh, U. P., India
Vrbanac, John J..........22 N. State St., Hart
Wood, Merle G..........19 Courtland St., Hart

ONTONAGON COUNTY MEDICAL SOCIETY (182)

Archibald, Donald H..........Box 223, Ontonagon
Hogue, Harold B..........Ewen State Bank Bldg., Ewen
Lahti, Carl R..........800 Zinc St., Ontonagon
Pierpont, John..........White Pine
Strong, James P..........Ontonagon
Strong, Wm. F..........River St., Ontonagon

OTTAWA COUNTY MEDICAL SOCIETY (186)

Albers, Robt..........788 Columbia, Holland
Arendshorst, Wm..........121 W. 24 St., Holland
Balcer, Edwin A. (M)..........1109 Cedar View Dr., Minneapolis, Minn.
Beernink, Ernest H..........408 Fulton St., Grand Haven
Bloemendaal, Dirk C..........351 N. Main St., Zeeland
Bloemendal, W. B..........224 Washington St., Grand Haven
Boersma, Vernon L..........121 W. 24 St., Holland
Bonzelaar, Alvin..........144 West 26th, Holland
Boone, Cornelius E. (L)..........22 E. Central Ave., Zeeland
Bulthuis, Jerry E..........Jamestown
Chamness, James K..........121 W. 24th St., Holland
Clark, Nelson H..........17 W. 10 St., Holland
Cook, Carl S..........121 W. 24th St., Holland
DeVries, Harold G..........30 E. 9th St., Holland
DeVries, Peter J..........214 Washington St., Grand Haven
DeWitt, Donald E..........390 Fairhill Dr., Holland
DeYoung, Fredk. W..........Spring Lake
Dood, Arnold R..........598 Central Ave., Holland
Dykstra, Jerome H..........313 North River Ave., Holland
Endean, Donald H..........121 West 24th St., Holland
Frieswyk, Melvin J..........241 E. Main St., Zeeland
Groat, Frank L..........1624 Gladys, Grand Haven
Hager, Ralph..........Hudsonville
Hamelink, Marinus H..........700 W. 26th St., Holland
Harms, Herman P..........17 W. 10th St., Holland
Heard, Wm. (R)..........504 Park St., Grand Haven
Hommerson, H. J..........Hamilton
Kearney, Jos. B..........121 W. 24 St., Holland
Kemme, Gerrit J..........Rte. 3, Zeeland
Kitchel, John H..........414 Franklin St., Grand Haven
Kitchel, Mary F. S..........414 Franklin St., Grand Haven
Kools, Wm. C..........194 W. 11th St., Holland
Korpi, Steven..........30 Clinton Ave., Grand Haven
Kuipers, Siebe W..........93 E. 29th, Holland
Leppink, Richard A..........121 W. 24th St., Holland
Long, Chas. E. (L)..........222 Franklin St., Grand Haven
Mahaney, Robert C..........65 W. 22nd St., Holland
McArthur, Peter A..........414 Franklin, Grand Haven
Moerdyk, Wm. J..........120 W. 14th St., Holland
Nykamp, Russel R..........111 E. Main St., Zeeland
Post, J. Jay..........Allendale
Rottschaefer, Wm..........17 W. 10th St., Holland
Rypkema, Willard M..........22 S. 2nd St., Grand Haven
Schaftenaar, R. H..........86 E. 28th St., Holland
Smit, George J..........Holland
Smit, Henry (A)......c/o Dr. George Smit, 121 W. 24th St., Holland
Stobbelaar, Robt. H..........107 S. Second, Grand Haven
Ten Have, Ralph..........1030 Orchard, Grand Haven
Ten Pas, Henry W..........293 W. 29th St., Holland
Timmerman, Eugene C..........Coopersville
Van Appledorn, C. J..........99 W. 23rd St., Holland
Vander Berg, Edwin E..........17 W. 10th St., Holland
Van Der Velde, Otto..........33 W. 8th St., Holland
Vande Waa, Alfred J..........152 E. Cherry St., Zeeland
Van Kolken, P. J..........American Hospital, Pago Pago, Amer. Samoa
Veenstra, Bernard M..........Grand Haven
Ver Duin, John W..........223 Washington St., Grand Haven
Verkaik, Peter..........Hudsonville
Wells, Kenneth N..........119 W. Savidge S., Spring Lake
Westrate, Warren K..........17 W. 10th St., Holland
Westrate, Wm., Jr..........17 W. 10th St., Holland
Westrate, Wm., Sr. (L)..........17 W. 10th St., Holland
Winter, John K..........726 State St., Holland
Winter, Wm. G., Jr..........630 State St., Holland
Yff, John H..........430 W. Lawrence, Zeeland
Yonkman, Fredk. F..........58 Pomeroy Rd., Madison, N. J.

SAGINAW COUNTY MEDICAL SOCIETY (190)

Ackerman, Gerald L..........124 S. Jefferson Ave., Saginaw
Albers, Millard J..........1227 N. Michigan Ave., Saginaw
App, Robt. G..........3422 Davenport, Saginaw
Averill, Walter C..........2110 Morson, Saginaw
Bagley, Ulysses S. (R)..........1401½ N. Sixth St., Saginaw
Balcueua, Edgar P..........2 Chippewa Ct., Saginaw
Barry, Jack L..........5670 Dixie Hwy, Saginaw
Barry, Leroy C..........1500 Weiss St., Saginaw
Bass, Vernon V..........3322 Davenport, Saginaw
Behme, C. Peter..........1842 Glendale, Saginaw
Bertrand, Marc G..........1311 N. Michigan Ave., Saginaw
Bishop, Harry M..........705 Adams, Saginaw
Bow, William A..........4987 State St., Saginaw
Brender, Friedrich P..........Frankenmuth
Bruggers, Laurence..........1703 N. Michigan Ave., Saginaw
Bucklin, Robt. V..........Harris Co. Court House, Houston 2, Texas
Buechle, George J..........101 Marcy, St. Charles
Bullington, Bert M..........2000 Court St., Saginaw
Burnett, Quinter M..........4385 Concord, Saginaw
Busch, Frank J..........1731 N. Michigan St., Saginaw
Butler, Milton G..........502 S. Jefferson Ave., Saginaw
Cady, Donald J..........2002 Court St., Saginaw
Cady, Fredk. J., Jr..........402 S. Jefferson Ave., Saginaw
Cady, Fredk. J..........402 S. Jefferson Ave., Saginaw
Cameron, Allan K..........1314 S. Jefferson Ave., Saginaw

Campbell, Lloyd A. (R)..............335 Brockway Pl., Saginaw
Caumartin, Hugh T.......1537 S. Washington Ave., Saginaw
Chisena, Peter R.................................6221 Dixie, Bridgeport
Choate, Frances S......................1600 N. Michigan, Saginaw
Claytor, Archer A. (L)..................603 N. 3rd Ave., Saginaw
Cortopassi, Andre J...........326 S. Washingotn Ave., Saginaw
Cortopassi, Vital E...........324 S. Washington Ave., Saginaw
Cory, Chas. W.............................1227 N. Michigan, Saginaw
Cresswell, T. A...........................1236 N. Michigan, Saginaw
Cullen, Geo. (A).......................2529 N. Clinton St., Saginaw
Curts, James H...................1205 N. Michigan Ave., Saginaw
Davenport, Clyde P..........................2110 Morson, Saginaw
Derifield, R. S. (A).............................25 Bretton Ct., Saginaw
DeYoung, William A........................537 Millard St., Saginaw
Dowidat, Raymond W. (A).............608 Westfield, Saginaw
Durman, Donald C.............1600 N. Michigan Ave., Saginaw
Elder, Thomas R.....................1609 N. Center Rd., Saginaw
Ely, Cecil W....................................1820 James Ave., Saginaw
Ernst, Arthur R. (R)..................Fieldmont, The Plains, Va.
Farley, Albert W...............1803 N. Michigan Ave., Saginaw
Field, E. Malcolm..............1803 N. Michigan Ave., Saginaw
Fleschner, Thos. E...Birch Run
Galsterer, Edwin C...............128 S. Jefferson Ave., Saginaw
Gamon, Adam E., II.........................2004 Court St., Saginaw
Gardner, Joe H...................815 N. Michigan Ave., Saginaw
Gerard, Roy J.................................2419 Mackinaw, Saginaw
Gilmore, Robt. D..........................234 W. Saginaw, Merrill
Goldner, Richard D...................1024 N. Michigan, Saginaw
Gomon, Louis D.................1203 N. Michigan Ave., Saginaw
Goodsell, John O........................1600 N. Michigan, Saginaw
Goodsell, J. Orton, D.D.S. (A)......1607 Cedar St., Saginaw
Goodwin, J. E.................................515 S. Jefferson, Saginaw
Grigg, Arthur P.........320 N. Michigan Ave., Saginaw W. S.
Hand, Eugene A..........................126 N. Franklin St., Saginaw
Harvie, Lloyd C. (L)......330 S. Washington Ave., Saginaw
Heavenrich, Robt. M.................1107 Gratiot Ave., Saginaw
Heilbronn, Duane B...................1703 N. Michigan, Saginaw
Helmkamp, Herbert O..................333 S. Jefferson, Saginaw
Hereza, Valeriano D..........................2125 Bay St., Saginaw
Hester, Eustace G.............2031 N. Michigan Ave., Saginaw
Hill, Victor L. (R).....................................Box 234, Saginaw
Hoban, Sean J...................1232 N. Michigan Ave., Saginaw
Hubinger, H. L., D.D.S. (A)......501 2nd Natl. Bank Bldg., Saginaw
Hyslop, Wm. T...........................1610 Gratiot Ave., Saginaw
Iizuka, Reiichi..49 Davis Dr., Saginaw
James, John W......................1021 W. Genesee St., Saginaw
Jardinico, Robert..............................303 S. Grange, Saginaw
Jarvi, Rudolph M.........................1107 Gratiot Ave., Saginaw
Johnstone, Kermit T.........Box 2272, S. Side P.O., Saginaw
Jordan, Leo A............................1524 E. Genesee St., Saginaw
Kerr, Wm. B.............................300 S. Michigan St., Saginaw
Keyes, James T.........................10222 Maple Rd., Birch Run
Kickham, Edward F..........................705 Adams St., Saginaw
Kleekamp, Herbert G.................1005 Gratiot Ave., Saginaw
Kleinschmidt, Earl E......................3625 Webber St., Saginaw
Kolesar, Robt. C...1005 Gratiot, Saginaw
Kowals, Francis V.....Med. Dir., Chec. Ser., GMC, Saginaw
Kretschmer, Thos. V.........1232 N. Michigan Ave., Saginaw
Lassignal, Jules C.............................2125 Bay St., Saginaw
Ling, Kenneth C...Hemlock
Lohr, Oliver W......................................614 Madison, Saginaw
Lohr, Thos. O........................1135 N. Michigan Ave., Saginaw
Love, Neil W...........................505 W. Tuscola, Frankenmuth
Lurie, Robt. I..................2525 S. Washington Ave., Saginaw
Mahaney, Thos. P..............................3521 State St., Saginaw
Manning, John E.................815 N. Michigan Ave., Saginaw
Manning, John W., III...........................705 Adams, Saginaw
Markey, Francis L..............808 N. Michigan Ave., Saginaw
Martzowka, Wm. P...................415 W. Genesee St., Saginaw
Mason, Wm. G..................................1107 Gratiot Ave., Saginaw
Matthews, Harry C...........1227 N. Michigan Ave., Saginaw
Maurer, John...1109 Elmdale, Saginaw
Mayne, Harold E.............................2111 Marshall Ct., Saginaw
McEwen, Wm. G.......................820 Orchard Court, Saginaw
McKinney, A. R. (L)..........................1403 Howard, Saginaw
Meyer, Henry J. (L)................6243 Dixie Hwy., Bridgeport
Mikan, V. Robert........................3900 Holland Dr., Saginaw
Miller, Glenn F..2224 Mershon, Saginaw
Moon, A. Raymond (L)......................1008 Hancock, Saginaw
Morgrette, Leonard J......................3424 Davenport, Saginaw
Mudd, Richard D..................Chev. Grey Foundry, Saginaw
Murphy, Albert P.................303 N. Michigan Ave., Saginaw
Murphy, Richard T., D.D.S. (A)............1718 N. Michigan, Saginaw
Murray, Morris J............................3424 Davenport, Saginaw
Nelson, Oscar A...............................3324 Davenport, Saginaw
Nelson, Robert E. (A)........................1500 Weiss St., Saginaw
Noble, Paul R.............................1447 N. Harrison, Saginaw
Northway, Robt. O...............124 S. Jefferson Ave., Saginaw
Novy, Frank O..........................420 S. Jefferson Ave., Saginaw
Olson, Carl P. (A)........122 Morningside Dr., Battle Creek
Phillips, Homer A..................124 S. Jefferson Ave., Saginaw
Pietz, Fredk...........................221 N. Michigan Ave., Saginaw
Powers, Robt. F..........................1600 N. Michigan, Saginaw
Prather, Perry E................1227 N. Michigan Ave., Saginaw
Prinsell, Gustave G. (M)............P.O. Box 33, Sierra Leone, W. Africa
Rank, J. Eugene..........................1107 Gratiot Ave., Saginaw
Reimers, Gerald F...............................4046 Hess St., Saginaw
Rice, William T................1827 N. Michigan Ave., Saginaw
Richards, Ned W..............................3518 State St., Saginaw
Richter, Harry J...............................705 Adams St., Saginaw
Roggen, Ivan J...........................1227 N. Michigan, Saginaw
Ruskin, Dave B...................120 N. Michigan Ave., Saginaw
Ryan, Richard S............1315 S. Washington Ave., Saginaw
Sample, John T. (L)............................602 Rust St., Saginaw
Sargent, Donald V............1703 N. Michigan Ave., Saginaw
Schneider, A. J. N.................509 S. Jefferson Ave., Saginaw
Schultz, Frank R.......................147 W. Broad St., Chesaning
Sharp, Martin C..............1803 N. Michigan Ave., Saginaw
Shek, John L..........................808 N. Michigan Ave., Saginaw
Sheldon, Suel A..............................124 S. Jefferson, Saginaw
Sherman, John W.............................403 S. Fayette, Saginaw
Skowronski, C. A.......................1401 E. Genesee St., Saginaw
Slade, Homer G.................1520 N. Michigan Ave., Saginaw
Spengler, Donald E., D.D.S. (A)............4481 Bradford Dr., Saginaw
Stander, Aaron C.............................1411 Court St., Saginaw
Stewart, Geo. W...............................1902 Janes St., Saginaw
Sulfridge, Hugh L., Jr.........512 N. Michigan Ave., Saginaw
Thompson, Arthur B.....................2144 Ottawa St., Saginaw
Tiedke, Gunther E...............120 N. Michigan Ave., Saginaw
Toshach, Clarence E......................3655 Schust Rd., Saginaw
Toteff, Robert J.....................................2110 Morson, Saginaw
Tramitz, Melvin E..........................4850 Henry Dr., Saginaw
Underhill, Wm. G...1801 Zauel, Saginaw
Vincent, John H..........................1911 Seminole Lane, Saginaw
Vitu, Robert L...................................703 W. Genesee, Saginaw
Volk, Vladimir K.......Saginaw Co. Hosp., Box 65, Saginaw
Waite, Barry F...................................403 S. Fayette, Saginaw
Webb, Walter L...............................1502 Wadsworth, Saginaw
Weiss, Arno W.....................................3521 State St., Saginaw
Westlund, Norman............................3253 Congress, Saginaw
Woomer, Donald F...........1227 N. Michigan Ave., Saginaw
Wright, Edwin M........................1311 N. Michigan, Saginaw
Yntema, Stuart.....................331 S. Jefferson Ave., Saginaw

ST. CLAIR COUNTY MEDICAL SOCIETY (194)

Bailey, Robt. S.........................2425 Military St., Port Huron
Banting, Kenneth C.....403 Peoples Bank Bldg., Port Huron
Barss, J. A.................................1209 Tenth St., Port Huron
Battley, John C. S..........................1216 6th St., Port Huron
Beck, Frank K..............................2902 Military, Port Huron
Beer, Jos F.....................104 N. Riverside Ave., Saint Clair
Bennett, Wm. G...210 S. Main St., Yale
Borden, Chas. L.............................313½ Huron, Port Huron
Bottomley, Thos. H., Jr...............1102 Sixth St., Port Huron
Boughner, Walter H.........................325 Pleasant St., Algonac
Bovee, Marion E. (L)................2208 Stone St., Port Huron
Bowden, Wm. S.......................130 Washington, Marine City
Bridge, Ezra V........................416 Edison Blvd., Port Huron
Brush, Howard O. (L)........................3233 Elk, Port Huron
Burke, Colman J.......411 Andrew Murphy Dr., Port Huron
Cantwell, John D., Jr.................2425 Military, Port Huron

Carrie, Robt. G. (A)..........837 Marconi, Montebello, Calif.
Chafty, Mahmoud..........2425 Military, Port Huron
Cleland, Wm. D., Jr..........Medical Arts Bldg., Port Huron
Clifford, Robt. P..........506 S. Riverside Dr., St. Clair
Clyne, Benj. C..........103 N. Main St., Yale
Coury, John J., Jr..........1209 Tenth St., Port Huron
Davison, Wm. T..........2425 Military St., Port Huron
Dinnen, Wm. J., Jr..........2425 Military, Port Huron
Douvas, Nicholas G..........311 Pine St., Port Huron
Dupuis, Jean Paul..........4251 Peck Rd., Port Huron
Fitzgerald, E. W., Jr..........1102 Sixth St., Port Huron
Franke, Armin T..........2425 Military, Port Huron
Fulton, Harold E., Jr..........2425 Military St., Port Huron
Gerrits, James F..........St. Clair Clinic, St. Clair
Gholz, Anthony C..........Medical Arts Bldg., Port Huron
Gilmore, John R..........317 Mich. Bank Bldg., Port Huron
Gonzalez, Carlos F..........1605 Division Rd., St. Clair
Hazledine, H. J..........4685 Lakeshore Rd., Port Huron
Holcomb, Russell J..........140 S. Market, Marine City
Johnston, Thomas C..........2425 Military St., Port Huron
Kahn, Oscar B..........Capac
Kesl, Geo. M. (L)..........1311 Scott, Port Huron
Kirban, Harry N..........5500 Lakeshore Rd., Port Huron
Kirker, Findlay O..........1325 Michigan Ave., Marysville
Koch, Donald A..........2425 Military St., Port Huron
Kostoff, Harold R..........310 Water St., Port Huron
Lauridsen, James..........621 River St., Port Huron
LeGalley, K. B..........Awali, Bahrain, Persian Gulf
Licker, Reuben R..........2425 Military St., Port Huron
Ludwig, Claude A..........916 Seventh St., Port Huron
Ludwig, Fredk. E..........916 7th St., Port Huron
Lugg, Robt. M..........619 River St., Port Huron
MacPherson, C. A. (R)....401 Country Lane, Louisville, Ky.
Mayhew, Harry E..........8199 S. Riverside, Marine City
McColl, Duncan J. (L)......917 Prospect Place, Port Huron
Meza, Pedro..........902 Tenth, Port Huron
Miller, John M..........1010 Griswold St., Port Huron
Mohney, Glenn E..........311 Pine St., Port Huron
Morris, Alvin N..........621 River St., Port Huron
Novak, Walter S..........310 E. Water St., Port Huron
Patterson, Dorsey W. (L)..........622 Huron Ave., Port Huron
Pollock, Donald A. (A)..........5014 Lakeshore, Port Huron
Raftery, Michael..........2425 Military, Port Huron
Rowe, Robt. E..........3360 W. Water St., Port Huron
Sanderson, Jos. L..........515 Pine St., Port Huron
Sands, Geo. E. (L)..........3227 Gratiot Ave., Port Huron
Schaefer, Waldo A..........302 Mich. Bank Bldg., Port Huron
Selby, Clarence D..........1916 Military St., Port Huron
Serniak, John A..........104 S. Main St., Yale
Shoudy, Elmore D..........902 Tenth Ave., Port Huron
Sites, Edgar C..........1209 Tenth St., Port Huron
Snider, James J..........2425 Military, Port Huron
Tisdel, James H..........310 E. Water St., Port Huron
Tomsu, Glenn F..........310 E. Water St., Port Huron
Townley, Chas. O..........1209 Tenth St., Port Huron
Ulmer, Arthur H., Jr..........1209 Tenth St., Port Huron
Walker, Sidney C..........1209 Tenth St., Port Huron
Ware, J. Raleigh..........3107 24th St., Port Huron
Wass, Henry C..........115 Adams, St. Clair
Weckesser, W. C..........1602 Military, Port Huron
West, Roger F..........619 River St., Port Huron
Yost, Kenneth W..........1305 Gratiot Ave., Marysville
Youngs, John A..........718 Griswold St., Port Huron
Yull, Arthur B..........1209 Tenth St., Port Huron

ST. JOSEPH COUNTY MEDICAL SOCIETY (198)

Berg, Lawrence A..........106 E. Chicago Rd., Sturgis
Bradley, D. E..........234 S. Main St., Colon
Braham, Wilbur G..........111 S. Monroe, Sturgis
Brothers, Paul L..........104 S. Lakeview, Sturgis
Brunson, Allen E..........206 E. West St., Sturgis
Dettman, Harold..........Maplecrest Plaza, Sturgis
Evans, Robt. H..........111 S. Monroe St., Sturgis
Fiegel, S. Albert..........111 S. Monroe, Sturgis
Fortner, Roscoe J..........137 Portage Ave., Three Rivers
Gillespie, Eleanor M..........R. 2, Sturgis
Hill, Robert V..........117 Spring St., Three Rivers
Jacobowitz, John M..........Lincoln at Millard, Three Rivers
Lepard, Olin L..........Knollwood Dr., R. 1, Sturgis
Miller, Chas. G. (L)..........106 W. Chicago St., Sturgis
O'Dell, Charles W..........117 Spring St., Three Rivers
Olney, Frank..........Centerville
Olney, Harold E..........Leonidas
Pennington, Harry C..........118 S. Kalamazoo, White Pigeon
Penzotti, Stanley C..........117 Spring St., Three Rivers
Porter, Clark G..........226 East St., Three Rivers
Schimnoski, D. R..........Three Rivers Med. Clnc., Three Rivers
Shaw, Geo. D..........117 Spring St., Three Rivers
Sheldon, John P..........206 E. West St., Sturgis
Smith, Robt. D..........Colon
Springer, Russell A. (R)..........R. 2, Sturgis
Storer, William R..........St. Jos. Co. Health Dept., Centerville
Weisheit, H. R..........Route 1, Sturgis
Zimont, Chas. R..........Constantine
Zimont, Raymond D..........Constantine

SANILAC COUNTY MEDICAL SOCIETY (202)

Cripps, James R..........Marlette
Duvall, Dorothy V..........817 Patterson Ave., Bay City
Ford, Frances A..........2683 S. Lakeshore Rd., Applegate
Gift, Weldon A..........Marlette
Groat, Gerald..........Deckerville
Hart, Robt. K..........Croswell
Jayson, Michael H..........2764 Lorraine St., Marlette
McCrea, John W..........Marlette
McGunegle, Keate T..........Sandusky
Muir, Neil..........Croswell
Seager, M. Cole..........Brown City
Smith, Duane E..........Brown City
Tweedie, G. Evans..........Sandusky
Tweedie, S. Martin..........Sandusky
Webster, J. C. (L)..........Marlette
Winfield, Raymond J..........3014 Main St., Marlette

SHIAWASSEE COUNTY MEDICAL SOCIETY (206)

Arnold, Alfred L., Jr. (L)..........R. 1, Ovid
Austin, Eugene S..........1260 Ada St., Owosso
Bach, Norman F..........113 E. Williams, Owosso
Bjarnesen, Walter..........Durand Medical Clinic, Durand
Brown, Richard C..........113 E. Williams St., Owosso
Brown, Richard J. (R)..........9230 Cedar Knoll Dr., Grass Lake
Buzzard, Walter D..........Chesaning
Chipman, Elwood M. (R)..........502 W. Williams St., Owosso
Clifford, Robert..........Matthews Bldg., Owosso
Foerster, Alfred W..........113 E. Williams St., Owosso
Ford, Wm. J. A., Jr.,..........113 E. Williams St., Owosso
Forsyth, Henry T..........Chesaning
Graves, James H..........511 W. Main St., Owosso
Gurden, Elizabeth A. L..........113 E. Williams St., Owosso
Harroun, John E..........105 N. Water St., Owosso
Harroun, R. V..........Matthews Building Owosso
Hofstra, John ....Owosso
Hoshal, Verne L..........104 W. Clinton, Durand
Kennedy, John J..........1626 N. Chipman, Owosso

Lieber, Robt. W..........103 E. Clinton St., Durand
MacGregor, John F..........113 E. Williams St., Owosso
McKnight, Edwin R..........320 N. Washinton St., Owosso
Merz, Walter L..........307 N Ball, Owosso
Moore Phillip J..........221 E. North St., Owosso
Morin, Richard..........Durand
Park, James H..........812 Bradley St., Owosso
Phillips, Rolland..........Matthews Bldg., Owosso
Richards, Chester J..........213 Mercer, Durand
Roty, Robert L..........406 N. Saginaw St., Durand
Sahlmark, Jos. F..........812 Bradley St., Owosso
Sauer, Peter..........113 E. Williams, Owosso
Shepherd, Walter F. (R)..........921 Coolidge Rd., Lansing 12
Trick, O. L..........Durand
Weinkauf, Wm. F..........Corunna
Weston, Claude L..........Matthews Bldg., Owosso
Wickstrom, Geo. B..........529 Clarke Ave., Owosso

TUSCOLA COUNTY MEDICAL SOCIETY (210)

Ballard, James H..........Cass City
Chapin, Maurice H..........Millington
Cole, Versa V..........Lock Box A, Caro
Dickerson, Willard W..........Caro State Hosp., Caro
Donahoe, Harold T..........Pleasant Home Hosp., Cass City
Elmendorf, E. N., II..........Vassar
Flett, Richard O..........Millington
Gugino, George J..........1941 Gate St., Reese
Howlett, Robt. R..........624 W. Frank St., Caro
Merrill, Elmer H..........506 Gilfad Rd., Caro
Miles, Edward J..........Caro
Nigg, Herbert L..........Caro
Savage, Lloyd L..........147 W. Lincoln, Caro
Swanson, Ewald C..........220 N. Main, Vassar
Von Renner, Otto (L)..........837 W. Huron St., Vassar

VAN BUREN COUNTY MEDICAL SOCIETY (214)

Boothby, Carl F..........Hartford
Boothby, Fredk. M..........Lawrence
Boothby, Paul..........Lawrence
Bope, Wm. P. (L)..........Decatur
Cooper, Jos. E..........417 W. Monroe St., Bangor
Davis, James M..........311 Center St., South Haven
Diephuis, Bert..........511 Huron St., South Haven
Dillon, Thos. J..........R.F.D. 3, Paw Paw
Gano, Avison..........417 Monroe St., Bangor
Groustra, Glenn R..........511 Huron St., South Haven
Itzen, John F..........P.O. Box 128, South Haven
Johnson, Harold C. A..........Upjohn Co., 320 Portage, Kalamazoo
Kleber, John A..........311 Center St., South Haven
Lawther, John..........P.O. Box 191, Hartford
Loomis, Frank J..........Paw Paw
McManus, T. M..........305 E. Oak St., Paw Paw
Millard, David..........Paw Paw
Morgan, Dale K..........403 Phoenix St., South Haven
Parks, Arthur E..........Lawton
Spalding, R. W..........Box 187, Bloomingdale
Stagg, Adelbert L..........9 N. Maple St., Hartford
Stagg, G. Lee..........Box 307, Hartford
Stagg, Ruth E. A..........Box 38, Hartford
Steele, Arthur H..........Paw Paw
Sundin, Paul W..........Decatur
Ten Houten, Charles..........Paw Paw
Terwilliger, Edwin H..........P.O. Box 110, South Haven
Urist, Martin J..........R.D. 1, South Haven
Young, Wm. R. (L)..........Lawton

WASHTENAW COUNTY MEDICAL SOCIETY (218)

Alford, Barry H..........385 N. Mill, Plymouth
Allen, Arthur W..........5 Harvard Pl., Ann Arbor
Allen, Richard J..........University Hospital, Ann Arbor
Anderson, David G..........627 Westwood, Ann Arbor
Angell, David C..........1420 Hatcher Cresant, Ann Arbor
Atchison, Russell M..........501 W. Dunlap, Northville
Badgley, Carl E. (L)..........1313 E. Ann St., Ann Arbor
Bailey, Robt. W..........University Hosp., Ann Arbor
Baird, Walter M. (A)..........2558 Old Boston Ct., Ann Arbor
Bandera, Emily A..........2800 Plymouth Rd., Ann Arbor
Banghart, Norman L..........1950 Manchester Rd., Ann Arbor
Barker, Paul S. (R)..........Box 87, Bonnots Mill, Mo.
Barlow, R. Craig..........326 N. Ingalls St., Ann Arbor
Barnwell, John B. (R)..........R.F.D. 2, Blairstown, N. J.
Barron, Walter L..........326 N. Ingalls, Ann Arbor
Barss, Wm. A..........525 W. Cross St., Ypsilanti
Bartholomew, Lee E..........4633 Kresge Bldg., U.M., Ann Arbor
Bass, Thos. J..........201 S. Hamilton, Ypsilanti
Bassow, Paul H..........St. Joseph Hosp., Ann Arbor
Bauer, Gerhard H..........2015 Manchester Rd., Ann Arbor
Bauer, Jere M..........1313 E. Ann St., Ann Arbor
Beckett, Morley B..........207 Fletcher Ave., Ann Arbor
Behrman, Saml..........1313 E. Ann St., Ann Arbor
Beierwaltes, Wm. H..........U.M. Medical Center, Ann Arbor
Beison, Richard A..........1900 W. Stadium Blvd., Ann Arbor
Beljan, John R. (A)..........2320 N. Lockhart Ave., Sherman, Texas
Bell, Margaret (L)..........1719 East Prince Rd., Tucson, Ariz.
Belser, Walter..........2310 E. Stadium Blvd., Ann Arbor
Bender, Leonard F..........1313 E. Ann St., Ann Arbor
Benson, Paul J., Jr..........221 N. Sheldon, Plymouth
Bentley, Fredk. E..........851 S. Main St., Plymouth
Berkley, Kelly M..........1606 Waltham Dr., Ann Arbor
Berry, Robert E. L..........University Hospital, Ann Arbor
Bicknell, John N..........703 First Natl. Bldg., Ann Arbor
Bicknell, Joseph M. (A)..........97 Valhalla Dr., Ann Arbor
Bird, H. Waldo, Jr..........325 Barton Shore Dr., Ann Arbor
Bishop, Ronald C..........1011 Lincoln Ave., Ann Arbor
Boblitt, Delbert E..........St. Joseph Mercy Hosp., Ann Arbor
Boles, Roger (A)..........4785 Lake Ct., Ann Arbor
Bosch, Jan K..........302 W. Main St., Northville
Botch, Edmund S..........2310 E. Stadium Blvd., Ann Arbor
Botsford, James H..........109 N. Main St., Chelsea
Bourne, Charles W. (A)..........Univ. Hospital, Ann Arbor
Brandt, Ralph L..........326 N. Ingalls, Ann Arbor
Breakey, Barry A..........2216 Medford, Ann Arbor
Brewer, Wilson K..........720 E. Catherine St., Ann Arbor
Briere, Russell O. (A)..........2816 Brandywine Dr., Ann Arbor
Brody, Gerald L..........1207 Chaple Ct., Ann Arbor
Brown, Phillip N..........Northville State Hosp., Northville
Brown, Wm. E., III..........1517 Granger Ave., Ann Arbor
Bryan, George C..........2547 Ellis Rd., Ypsilanti
Bryant, H. C..........425 E. Washington, Ann Arbor
Buchanan, Robert A..........2715 Brockman, Ann Arbor
Bull, Frances E..........University Hospital, Ann Arbor
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Burton, Wm. D. (A)..........University Med. Ctr., Ann Arbor
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Butler, Gerald E..........5 Dover Ct., Ann Arbor
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Cameron, Hugh A.........425 E. Washington St., Ann Arbor
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Carron, Dean P................425 E. Washington, Ann Arbor
Cassidy, James T. (A)................618 Westwood, Ann Arbor
Cerny, Joseph C..............University Med. Ctr., Ann Arbor
Chatas, George J....................106 Pleasant Pl., Ann Arbor
Cheris, David N. (M)....................................Base Hospital, MacDill AFB, Tampa, Fla.
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Clifford, Mary Ellen..........University Hospital, Ann Arbor
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Cohan, Bruce E............2355 E. Stadium Blvd., Ann Arbor
Coller, Fredk. A. (L)....................St. Josephs Mercy Hosp., Ann Arbor
Conn, Jerome W.............200 Orchard Hill Dr., Ann Arbor
Correa, Roy J., Jr. (A).......................University Med. Ctr., Ann Arbor
Corssen, Gunter....................3490 Miller Rd., Ann Arbor
Crook, Clarence E.................2112 Wallingford, Ann Arbor
Cross, Thomas N............Univ. Medical Center, Ann Arbor
Cummings, Howard H. (L)....................326 N. Ingalls St., Ann Arbor
Curtis, Arthur C.....................1313 E. Ann St., Ann Arbor
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Demuth, George R..................Univ. Hospital, Ann Arbor
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DeWeese, Marion S...........University Hospital, Ann Arbor
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Dingman, Reed O.................1029 Chestnut Rd., Ann Arbor
Dodson, Vernon N.........1638 University Hosp., Ann Arbor
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Domino, Edward F.....................1325 Brooklyn, Ann Arbor
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Dryer, Clyde K..............................3033 Sophia St., Wayne
Dukay, Alexander P.........................Ypsilanti State Hosp., Ypsilanti

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Fox, Winslow G.................715 N. University, Ann Arbor
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Francis, Thos., Jr...........................U. Mich. Schl. Pub. Hlth., Ann Arbor
Fransway, Robt. L...........2785 Park Ridge Dr., Ann Arbor
French, Arthur B......................1113 W. Liberty, Ann Arbor
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Hampshire, John K. (A)....................Ypsilanti St. Hospital, Ypsilanti
Handorf, Heinrich H......................Penniman Allen Theatre, Northville
Hankamp, Lamar J.................2119 Woodside, Ann Arbor
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Hanson, Frederick N.........................45341 Harmony Lane, Belleville
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Harris, Bradley M..........................27 S. Prospect, Ypsilanti
Harris, Scott T...........................44490 Clare Blvd., Plymouth
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Heetderks, D. R., Jr. (A)................Saudid Base Hospital, Saudid Base, Albuquerque, N. Mex.
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Hendrix, Robt. C.................1139 Vesper Rd., Ann Arbor
Henry, L. Dell......................706 W. Huron St., Ann Arbor
Hess, John H...............2355 E. Stadium Blvd., Ann Arbor
Hicks, Samuel P.................1112 Meadowbrook, Ann Arbor
Hildebrandt, H. Mark....................1130 Hill St., Ann Arbor
Himler, Leonard E.........1225 Fairoaks Pkway., Ann Arbor
Hinerman, Dorin L.................1313 E. Ann St., Ann Arbor
Hing, Ng Harry........St. Joseph Mercy Hosp., Ann Arbor
Hiraga, Mikio H.........................2433 Colony Ct., Ann Arbor
Hiss, Roland G. (A)............716 N. Maple Rd., Ann Arbor
Hoag, Robert D. (M)........Naval Hospital, Annapolis, Md.
Hodges, Fred J..........................1313 E. Ann St., Ann Arbor
Holmes, Donald J...........505 Barton North Dr., Ann Arbor
Holmes, Joyce M.................................591 Montgomery St., Jersey City, N.J.
Holt, John F............................1313 E. Ann St., Ann Arbor
Holtz, Fred..................................326 N. Ingalls, Ann Arbor
House, Frederic B.........1240 Crosby Crescent, Ann Arbor
Howard, Stacy C. (R)..........Rt. 3, Box 6571, Orlando, Fla.
Howard, W. Leonard...................Maybury San, Northville
Howatt, William F...........University Hospital, Ann Arbor
Hubbard, Wm. N., Jr.................Univ. of Mich. Med. Sch., Ann Arbor
Huizenga, Philip B..................201 E. Liberty, Ann Arbor
Hulett, Ralph M.............1444 Glastonbury Rd., Ann Arbor
Hyman, Saml. J.......................27342 Michigan Ave., Inkster

Ideson, Robt. S., II................122 N. Thayer St., Ann Arbor

Jacob, Jos. S.................202 E. Washington St., Ann Arbor
Jeffries, Frank W.....................1614 Arbordale, Ann Arbor

Jimenez, B. (R)....215A S. Main St., Ann Arbor
Johnson, Robt. D....3432 Woodlea Dr., Ann Arbor
Johnston, Franklin D....1313 E. Ann St., Ann Arbor
Jones, Elizabeth....2121 Highland Rd., Ann Arbor
Judge, Richard D....Univ. Medical Center, Ann Arbor
Julian, Mark D....740 S. Emerick, Ypsilanti

Kabza, Theodore G....326 N. Ingalls, Ann Arbor
Kahn, Edgar A....500 Burson Pl., Ann Arbor
Kambly, Arnold H., Jr....201 S. Main St., Ann Arbor
Kaufer, Herbert (A)....1117 Maiden Lane Ct., Ann Arbor
Kaump, Donald H....2800 Plymouth Rd., Ann Arbor
Keese, Antonia J....705 N. University, Ann Arbor
Kelley, Paul A....2 Medford Ct., Ann Arbor
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Kimbrough, Wm. W....2402 Brockman, Ann Arbor
Kittleson, Arthur C....2111 Devonshire Rd., Ann Arbor
Kivi, Louis P....2015 Manchester Rd., Ann Arbor
Klein, Charles M. (M)....U. S. Naval Hospital Memphis 74, Tenn.
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Kraft, Richard O....337 Lake Park Lane, Ann Arbor
Krausse, Chas. F....116 Park St., Chelsea
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Kucera, Gilbert J. (A)....1030 Fountain, Ann Arbor
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Lampe, Isadore....1313 E. Ann St., Ann Arbor
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Lindenauer, S. M. (A)....1414 Argyle Crescent, Ann Arbor
Litton, Ward B. (M)....1514 Granger, Ann Arbor
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Magee, Kenneth R....1313 E. Ann St., Ann Arbor
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Magnuson, Harold J....1634 Univ. Medical Ctr., Ann Arbor
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Marshall, Mark (L)....1803 South Blvd., Ann Arbor
Martel, William....1609 Glastonbury Rd., Ann Arbor
Martin, Donald W....19 W. Michigan Ave., Ypsilanti
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McDermott, T. F., Jr....525 Hillspur, Ann Arbor
McEachern, Thos. H....1130 Hill St., Ann Arbor
McGreer, J. T., III (M)....Wm. Beaumont Hosp., El Paso, Texas
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Murphy, Thomas C....160 W. Taylor, Chicago, Ill.
Murray, Wm. A....1705 Covington Dr., Ann Arbor

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Nesbit, Reed M....Univ. Med Cen. 303 Hosp., Ann Arbor
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Nixon, John C....2144 Georgetown Blvd., Ann Arbor
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Pederson, B. L. (A)....2312 Walter Dr., Ann Arbor
Perry, Burton L. (A)....1010 Berkshire, Ann Arbor
Peterson, Thomas R....2015 Manchester Rd., Ann Arbor
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Petropoulos, Gust C....(Address Unknown)
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Pollard, H. Marvin....2012 Vinewood Blvd., Ann Arbor
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Robinson, Wm. D....1405 E. Ann St., Ann Arbor
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Schmidt, C. M....2305 S. Circle Dr., Ann Arbor
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Schumacher, Wm. E....201 S. Main St., Ann Arbor
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Siewertsz Van Reesema, Frederick..........1608 Kirtland Dr, Ann Arbor
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Sink, Emory W. (L)..........725 N. University Ave., Ann Arbor
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Smith, Donald C..........Univ. of Mich., Ann Arbor
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Smith, Eleanor..........425 E. Washington St., Ann Arbor
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Taylor, Wm. B..........326 N. Ingalls, Ann Arbor
Teed, R. Wallace..........215 S. Main, Ann Arbor
Thieme, E. Thurston..........St. Joseph Mercy Hosp., Ann Arbor
Thompson, A. S..........2432 Dorchester Rd., Ann Arbor
Thompson, George R..........1400 Traver St., Ann Arbor
Thorpe, Roger G. (A)..........2700 Elmwood, Ann Arbor
Tipton, John B. (A)..........2877 Burlington, Ann Arbor
Tiziani, Joseph J. (M)..........1278 Salem St., Aurora, Colo.
Tourtellotte, W. W..........University Hosp., Ann Arbor
Towsley, Harry A..........Dept. of P.G. Medicine, Univ. of Mich., Ann Arbor
Tupper, Chas. J..........2490 Adare, Ann Arbor
Tupper, Robert L..........2305 Easy St., Ann Arbor
Van Brocklin, J. D. (A)..........1048 Morningside Dr., Ann Arbor
Vandenberg, Wm..........246 County St., Milan
Van Duzen, Verne L..........Box A, Ypsilanti
Vanselow, Neal A..........1510 Argyle Crescent, Ann Arbor
Votaw, May Louise K..........2182 Yorktown Dr., Ann Arbor
Vreede, P. D..........1020 Ferdon, Ann Arbor
Waggoner, R. Walter..........3333 Geddes Rd., Ann Arbor
Waldron, Alexander M..........309 N. Ingalls, Ann Arbor
Wallner, Julius M..........1313 E. Ann St., Ann Arbor
Watkins, Richard D..........2355 W. Delhi Rd., Ann Arbor
Watson, Ernest H..........University Med. Cen., Ann Arbor
Weber, William J. (A)..........2710 Cumberland, Ann Arbor
Weisman, Raoul L..........32 N. Washington, Ypsilanti
Weiss, Chas. F..........Box 1047, Ann Arbor
Weller, John M..........2508 Londonderry Rd., Ann Arbor
Westcott, Geo. W..........1515 S. Congress St., Ypsilanti
Westerberg, Martha R..........1313 E. Ann St., Ann Arbor
Westman, Jack C..........2727 Cranbrook Rd., Ann Arbor
Westover, Chas. J..........982 W. Ann Arbor Trail, Plymouth
Wetterstroem, Robt. G..........46376 W. 7 Mile Rd., Northville
Whale, Edmund H..........207 Fletcher Ave., Ann Arbor
White, John D. (A)..........2931 Burlington Ct., Ann Arbor
Whitehouse, W. M..........1313 E. Ann St., Ann Arbor
Whowell, Marianne..........1805 Ivywood Dr., Ann Arbor
Wicht, Paul J..........1385 W. Michigan, Ypsilanti
Wile, Udo J. (L)..........201 S. Main St., Ann Arbor
Wiley, Cameron J. (A)..........University Med. Center, Ann Arbor
Wilk, Lawrence H. (M)..........507 Louise, Box 504, Copperas Cove, Texas
Wilkinson, Robert H. (A)..........1211 Westport, Ann Arbor
Williams, Howard R..........1950 Manchester Rd., Ann Arbor
Williamson, Fredk. B..........319 W. Michigan Ave., Ypsilanti
Willis, Park W., III..........University Hospital, Ann Arbor
Wilson, J. LeRoy..........1313 E. Ann St., Ann Arbor
Wilson, William S..........1321 Brooklyn, Ann Arbor
Winkler, James M..........3 Regent Court, Ann Arbor
Wisdom, Inez R. (L)..........2301 Packard, Ann Arbor
Wolfman, Earl F., Jr..........2972 Park Ridge Dr., Ann Arbor
Wolter, J. Reimer..........University Med. Center, Ann Arbor
Woods, James J. (L)..........1715 Washtenaw Ave., Ypsilanti
Woods, Scott W..........27 S. Prospect, Ypsilanti
Work, Walter P..........University Med. Center, Ann Arbor
Worth, Melissa H. C. (L)..........RFD 7, 3211 Packard Rd., Ann Arbor
Wright, Harold L..........18741 Haggerty, Northville
Wyman, John S..........2224 Highland Rd., Ann Arbor
Yoder, Orus R. (L)..........Ypsilanti State Hosp., Ypsilanti
Zarafonetis, C. J. D..........Simpson Memorial Inst., Ann Arbor
Zerbi, Victor M..........27 S. Prospect, Ypsilanti
Zrull, Joel P..........630 Dartmoor, Ann Arbor
Zuidema, George D..........912 Honey Creek Dr., Ann Arbor

WAYNE COUNTY MEDICAL SOCIETY (222)

Abbott, James A..........1012 Kales Bldg., Detroit 26
Aben, Gerald J..........1075 Fisher Bldg., Detroit 2
Aboulafia, Elie D..........18241 Greenfield, Detroit 35
Abraham, Jos. P..........2799 W. Grand Blvd., Detroit 2
Acosta, Julio B..........27459 Five Mile Rd., Livonia
Adamian, Gerald D..........611 Kales Bldg., Detroit 26
Adams, James R..........14741 Michigan Ave., Dearborn
Adams, Vincent B..........15124 Kercheval, Grosse Pte. 30
Adamski, Arthur..........9801 Conant, Detroit 12
Adelson, Seymour S..........18400 Schaefer Rd., Detroit 35
Adelson, Sidney L..........16221 Schoolcraft, Detroit 27
Adler, Sidney..........3011 W. Grand Blvd., Detroit 2
Agnew, Geo. H..........3011 W. Grand Blvd., Detroit 2
Agnone, Eugene J..........1420 St. Antoine St., Detroit 26
Agnone, Peter M..........1420 St. Antoine St., Detroit 26
Aiuto, Jas. J..........660 Cadieux Rd., G. P., Detroit 30
Akroyd, Cecil..........16551 W. Warren, Detroit 28
Alban, Emil J., Jr..........7940 Allen Rd., Allen Park
Albrecht, Albert J..........4407 Roemer, Dearborn
Alexander, Allen..........18881 Hilton, Southfield
Alexander, Eugene J..........24140 Wilson, Dearborn
Alexander, G. D..........25799 Lathrup Blvd., Southfield
Alexander, L. C..........1204 Kales Bldg., Detroit 26
Alford, Elvis S..........105 Main St., Belleville
Allaben, Robert D..........18255 W. McNichols Rd., Detroit 19
Allen, John V..........1336 Southfield Rd., Lincoln Park
Allison, Herbert C. (L)..........383 Fisher Rd., Detroit
Alpern, E. Bryce..........2840 W. 7 Mile Rd., Detroit 21
Alpiner, Sam..........2850 E. Seven Mile Rd., Detroit 34
Altman, Jules..........14633 E. Seven Mile Rd., Detroit 5
Altman, Raphael..........17000 W. 8 Mile Rd., Southfield
Alvarez, Ana G..........Detroit Memorial Hosp., Detroit 26
Alvarez, Hernan, Jr..........Henry Ford Hosp., Detroit 2
Alvarez, Julian..........17116 Wildemere Ave., Detroit 21
Amos, Thos. G. (L)..........641 Covington Dr., Detroit 3
Anderson, Beverly L..........1064 Iroquois, Detroit 14
Anderson, Chas. P..........16733 Plainview Rd., Detroit 19
Anderson, James O..........7715 Middlepointe Ave., Dearborn
Anderson, Walter L..........1553 Woodward Ave., Detroit 26
Andreou, Byron..........460 Eastland Ctr., Harper Woods
Angel, John J..........34549 Main St., Wayne
Annessa, Domenico M. (L)..........3536 Burns Ave., Detroit 14
Anslev, Mary K..........32718 Grand River, Farmington
Appelman, Howard B..........1553 Woodward Ave., Detroit 26
Arcari, Frederico A..........771 Fisher Bldg., Detroit 2
Archambault, Henry A. (A)..........Jirapa, Gold Coast, Africa
Archambault, Rene F..........35550 Michigan Ave., Wayne
Arehart, Burke W..........11540 Morang Dr., Detroit 24
Aries, C. T..........10030 Cadieux Rd., Detroit 24
Arminski, Thos. C..........1066 Fisher Bldg., Detroit 2
Armstrong, Arthur G..........3001 W. Grand Blvd., Detroit 2

Armstrong, Mac. J.................15125 Grand River, Detroit 27
Arnkoff, Morris............................18241 Greenfield, Detroit 35
Arnold, Effie E. (L)......................16520 Oakfield, Detroit 35
Arnold, Wm. J., Jr...............................8203 12th St., Detroit 6
Arnoldi, Forrest J.........................Harper Hospital, Detroit 1
Arrington, Robyn J..............7811 Oakland Ave., Detroit 11
Asa, Morris.................763 David Whitney Bldg., Detroit 26
Ascher, Meyer S.........1508 Dav. Brodwick Twr., Detroit 26
Ashe, Stilson R. (L)..........8031 W. Vernor Hwy., Detroit 9
Ashley, Lowell B. (R)...............................5811 N.E. 21 Rd.,
Ft. Lauderdale, Fla.
Asselin, Regis F..................20480 Eastwood Dr., Detroit 36
Atler, Lawrence R...........................681 W. Forest, Detroit 1
Auble, Max E.......................2501 W. Grand Blvd., Detroit 8
August, Harry E..........................26339 Woodward, Royal Oak
Austin, Donald C...............320 Professional Blvd., Detroit 1
Austin, Shirley.........................5224 St. Antoine St., Detroit 2
Ausum, John D................................6420 Hartwell, Dearborn
Avrin, Ira...10821 Puritan, Detroit 38
Axelrod, Arnold R.......15001 W. Eight Mile Rd., Detroit 35
Axelrod, Mildred A. (A)........13725 8 Mile Rd., Detroit 35
Axelrod, Robt. G. (A)................18518 Appoline, Detroit 35

Babcock, Lloyd K. (L)....16420 Schoolcraft Ave., Detroit 27
Babcock, Myra E.....................7 Poplar Park, Pleasant Ridge
Babcock, Warren W. (R)....................2661 Northeast Ninth,
Pompano Beach, Fla.
Bach, Walter F. (L)............5419 Livernois Ave., Detroit 10
Bacher, Burton J.........................1015 Kales Bldg., Detroit 26
Bachman, Morris E...........10326 W. 7 Mile Rd., Detroit 21
Bacon, Vinton A. (L)...............18400 Livernois, Detroit 21
Bader, Benj. H......................2654 W. Grand Blvd., Detriot 2
Baeff, Michael A. (R)........15435 Stahelin Ave., Detroit 23
Baer, Geo. J......................1553 Woodward Ave., Detroit 26
Baer, Marga.................................16321 Mack Ave., Detroit 24
Baer, Walter................................16321 Mack Ave., Detroit 24
Bagley, Harry E. (A)............7541 Oakman Blvd., Dearborn
Bahra, Robt. J.............................20905 Greenfield, Southfield
Bailey, Louis J....................20905 Greenfield Rd., Southfield
Baima, Margaret A....................1212 David Whitney Bldg.,
Detroit 26
Baker, Clarence (L)...........................J16 Palmetto Trl. Pk.,
Palmetto, Fla.
Bakst, Joseph A. (L)........................10 W. Warren, Detroit 1
Balaga, Frank T...........................9701 Joseph Campau Ave.,
Hamtramck 12
Balberor, Harry....................275 W. Grand Blvd., Detroit 16
Balcerski, Matthew A..................10 Peterboro St., Detroit 1
Ballard, Donald R.................22231 W. Outer Dr., Dearborn
Balow, Ross M........................18700 Meyers Rd., Detroit 35
Balser, Chas. W. (L).......................13931 Gratiot, Detroit 5
Banish, Gerald..........................23100 Cherry Hill, Dearborn
Barak, Lewis R.............7448 W. Seven Mile Rd., Detroit 21
Barak, Stuart..............................18241 Greenfield, Detroit 35
Baran, Alphonse W...........15841 W. Warren St., Detroit 28
Barbaglia, Louis C.........................16378 Harper, Detroit 24
Barber, Radivoj R........................864 S. Main St., Plymouth
Bardenstein, M. B...............17000 W. 8 Mile Rd., Southfield
Barefield, Alwin S.........8629 W. Eight Mile Rd., Detroit 21
Barenholtz, Benj..........................20905 Greenfield, Southfield
Barker, David H.....................7220 Gratiot Ave., Detroit 13
Barland, Oscar (A)............8401 Woodward Ave., Detroit 2
Barlow, Myron.............................18050 Mack, Grosse Pointe
Barnes, Van D. (R).................................11040 Ingram, Livonia
Barnett, Louis L...........................10 Witherell St., Detroit 26
Barnett, Morton.............1527 David Stott Bldg., Detroit 26
Barnhardt, R. A.................Ford Motor Co., Highland Park 3
Barone, C. Gerald.............15231 W. 7 Mile Rd., Detroit 35
Barrett, C. D., Jr............316 City County Bldg., Detroit 26
Barrett, Raymond J.......................18280 Fairfield, Detroit 21
Barrett, Wyman D. (L)....1553 Woodward Ave., Detroit 26
Barron, James.......................2535 Amberly Rd., Birmingham
Barron, Wm. H............................14938 Livernois Detroit 38
Barsky, David...100 Oak St., Wyandotte
Barton, Jos. R.........................19619 W. Warren, Detroit 28
Baruch, Robert J............................18737 Hilton Rd., Southfield
Basel, Arthur R.................41001 Seven Mile Rd., Northville
Baskin. Sidney........................19207 Schaefer Rd., Detroit 35
Batchelor, Thomas M...........................18060 Conant, Detroit 34
Bates, Gaylord S.........................861 Monroe Blvd., Dearborn
Battle, John M.......................6904 Charlesworth, Dearborn 6
Bauer, A. Robt............19268 Grand River Ave., Detroit 23
Bauer, Benedict J....................16451 Schoolcraft, Detroit 27
Bauer, Lester E.....................4 Woodside Pk., Pleasant Ridge
Bauer, Ralph E......................Henry Ford Hospital, Detroit 2
Bauer, Raymond B.............1326 St. Antoine St., Detroit 26
Baugh, Richard H..............24216 Michigan Ave., Dearborn
Baugh, Robert F..............................17520 Chester, Detroit 24
Baumer, Moe..10 Peterboro, Detroit 1
Baumgarten, Elden C. (L)..........................20867 Mack Ave.,
Grosse Pointe Woods 36
Baumgarten, Thos. W...................................20867 Mack Ave.,
Grosse Pointe 36
Baxter, Seymour..........................19925 Livernois, Detroit 21
Bayles, John G...............................14359 Michigan, Dearborn
Bazil, Gilbert M.......................................14200 Puritan, Detroit
Beach, Watson...........................20815 Mack Ave., Detroit 36
Beam, A. Duane....20160 Mack Ave., Grosse Pointe Woods
Beamer, Geo. D.....................14853 Michigan Ave., Dearborn
Beard, James E................................23801 Fordson, Dearborn
Beck, Stanley M., Jr.....................13118 Fort St., Wyandotte
Becker, Abraham..........................10 Witherell St., Detroit 26
Beckett, Peter G. S.................951 E. Lafayette St., Detroit 7
Beckett, Victoria L. (A)....1420 Anita, Grosse Pointe Woods
Becklein, Clarence L........14351 E. Warren Ave., Detroit 15
Beckman, Hugh.........................20001 Greenfield, Detroit 35
Beckwith, Carl C.............................3340 Fenkell, Detroit 38
Bedell, Archie A........................15545 Mack Ave., Detroit 24
Bedwell, Wm. L..............1249 Washington Blvd., Detroit 26
Beebe, Willard E.............20203 Ann Arbor Tr., Dearborn 6
Beekhuis, G. Jan....................1326 St. Antoine St., Detroit 7
Beeuwkes, L. E...............13014 MacKenzie Ave., Detroit 28
Behan, Robt. C.............................1 Woodward Ave., Detroit
Beitman, Max R..........................510 Kales Bldg., Detroit 26
Belanger, W. Geo...........................1041 Harvard, Detroit 30
Belden, Darwin F............................2424 Puritan, Detroit 38
Bell, J. Kenner...................660 Woodward Ave., Detroit 26
Bende, Sandor F..........................15863 Garfield, Allen Park
Beninson, Joseph..................Henry Ford Hospital, Detroit 2
Bennett, Germany E...........................1446 E. Forest, Detroit
Bennett, Harry B...........................17320 Livernois, Detroit
Bennett, H. Stanley..................15101 Southfield, Allen Park
Bennett, Sanford A........................15301 W. Nine Mile Rd.,
Oak Park 37
Bennett, Zina B. (L).......................10319 Lanark, Detroit 24
Bennish, E. Leo.....................14438 W. Six Mile Rd., Detroit
Benson, Clifford D.............1553 Woodward Ave., Detroit 26
Benson, Davis A..........................17563 Greenfield, Detroit 35
Benson, Paul J..............................2355 Fort St., Lincoln Park
Benson, Virginia M.............16238 Snowden Ave., Detroit 35
Bentley, Wm. G...............................50 Westminster, Detroit 2
Berdayes, Pedro P.....................13316 Pembroke, Detroit 35
Berger, Edwin L.........................7301 Schaefer Rd., Dearborn
Bergman, Murray S.............4400 Livernois Ave., Detroit 10
Berke, Sydney S..............................3333 E. Jefferson, Detroit 7
Berlin, Allen B...................17000 W. 8 Mile Rd., Southfield
Berman, Charles..........................Highland Park Gen. Hosp.,
Highland Park 3
Berman, Lawrence........................1401 Rivard St., Detroit 7
Berman, Robt. H............................2111 Woodward, Detroit 1
Berman, Sidney L............................60 W. Hancock, Detroit 1
Bernard, Walter G.............................910 Chalmer, Detroit 15
Bernbaum, Bernard....................17320 Livernois, Detroit 21
Bernstein, Saml. S.......................18200 Wyoming, Detroit 21
Berridge, William L................Chevrolet Motor Co., Livonia
Berry, Jos. E.......................19242 W. 7 Mile Rd., Detroit 19
Besancon, John H.............1510 Broderick Tower, Detroit 26
Best, Thos. H. E. (L)........9221 E. Jefferson Ave., Detroit 14
Betanzos, G...................................8425 12 Mile Rd., Warren
Bialik, Michael H.................14853 Michigan Ave., Dearborn
Bicknell, Frank B.......938 David Whitney Bldg., Detroit 26
Bielawski, John G.......825 David Whitney Bldg., Detroit 26
Bigman, Oscar.........................18400 Schaefer Rd., Detroit 35
Bihl, John H.................15800 W. McNichols Rd., Detroit 35
Billingslea, Thos. H.................2175 Willis Ave. E., Detroit 7
Birch, John R.............925 David Whitney Bldg., Detroit 26
Birk, Robert E......................Henry Ford Hospital, Detroit 2
Birkam, Fred F.........................7301 Schaefer Rd., Dearborn
Birkelo, Carl C. (R)........1630 Chestnut, Winter Park, Fla.
Birkhill, F. Ross..................31 Shady Hollow Dr., Dearborn
Birndorf, Leonard........................18317 John R St., Detroit 3
Bishai, Yousef B.............................12645 Gratiot, Detroit 5
Bittker, Isadore I. (L)........3321 Rochester Rd., Royal Oak

Bittrich, Norbert M....2500 W. Grand Blvd., Detroit 8
Black, Robert W....641 David Whitney Bldg, Detroit 26
Blain, Alexander, III....2201 E. Jefferson, Detroit 7
Blain, James H., Jr....119 Kercheval Rd., Detroit 36
Blaine, Max....13700 Woodward, Detroit 3
Blair, Wm. F....81 E. Kirby St., Detroit 2
Blanchard, Russell S....12858 Woodward Ave., Detroit
Blanks, Douglas H....3955 Fort St., Lincoln Park
Blass, Norman H....1800 Tuxedo, Detroit 6
Blatt, Ronald W....300 Cadillac Sq. Bldg., Detroit 26
Bleier, Alfred....13015 E. Warren Ave., Detroit 15
Bleier, Jos. (L)....7504 Dexter Blvd., Detroit 6
Blinkhorn, David H....701 Doctors Bldg., Detroit 1
Bloch, Abraham (L)....2935 E. Milwaukee Ave., Detroit 11
Block, Duane L....3001 Miller Rd., Dearborn
Block, Melvin A....2799 W. Grand Blvd., Detroit 2
Blodgett, James B....76 W. Adams St., Detroit 26
Blodgett, Wm. E. (L)....76 W. Adams St., Detroit 26
Blodgett, Wm. H....74 W. Adams Ave., Detroit 26
Blondy, Marshall J....19009 W. 7 Mile Rd., Detroit 19
Bloom, Albert....6484 Chene St., Detroit 11
Bloom, Arthur R....19140 Gloucester, Detroit 3
Bloom, Victor....951 E. Lafayette, Detroit 7
Bloomberg, Sanford....18916 Woodward Ave., Detroit 3
Bluhm, Gilbert B....Henry Ford Hospital, Detroit 2
Blum, George L....18200 Wyoming, Detroit 21
Blumenthal, Frank S....261 Brady, Detroit 1
Blumenthal, Franz L. (L)....3011 W. Grand Blvd., Detroit 2
Blumer, Abraham....21415 W. Eight Mile Rd., Detroit 19
Boccaccio, John L....11532 Morang, Detroit 24
Boccia, James J....15761 E. Warren, Detroit 24
Boddie, Arthur W....2737 Chene St., Detroit 7
Bogucki, Chester J....8110 Bliss, Detroit 34
Bogue, Robt. E....15800 W. McNichols Rd., Detroit 35
Bogusz, Ladislaus (R)....29215 Maranya Rd., Homestead, Fla.
Bohn, Z. Stephen....327 Professional Bldg., Detroit 1
Bohne, A. Waite....Henry Ford Hosp., Detroit 2
Boland, John R. (R)....Box 50, Grand Marais
Boles, Murray....26381 Dundalk Lane, Farmington
Bolstad, Donald S....Henry Ford Hosp., Detroit 2
Bolter, Sidney....18946 W. McNichols, Detroit 19
Bolton, Russell P., Jr....19566 Grand River Ave., Detroit 23
Boman, Robert H....12650 E. Outer Dr., Detroit 24
Bookstein, Abraham M....1725 Pinecrest Dr., Ferndale
Boone, Geo. F....1328 Joliet, Detroit
Booth, Earnest....Woman's Hospital, Detroit 1
Borchak, Robert G....12408 Van Dyke, Detroit 34
Borden, Igor I....15361 Plymouth Rd., Detroit 27
Borin, Maurice C....18115 Fairfield St., Detroit 21
Bornstein, M....17600 Northland Pk. Ct., Southfield
Bornstein, Sidney....2033 Puritan, Detroit 3
Borrego, Jose M....1342 Whittier, Grosse Pointe
Bott, Edmund T....1629 Ford, Wyandotte
Botvinick, Isadore....13701 W. 7 Mile Rd., Detroit 35
Boutrous, Thos. A....15801 W. McNichols, Detroit 35
Bower, Donald W....719 Liberty, Lincoln Park
Bowers, Leo J....11200 E. McNichols Rd., Detroit 34
Bowlby, James R....15420 Farmington Rd., Livonia
Bownes, Eugene A....18520 Grand River, Detroit 23
Boyajian, Albert....10963 Farmington, Livonia
Boyd, John H....2615 W. Jefferson, Trenton
Boyle, Albert J....Wayne St. University, Detroit 2
Boyle, Eugene H....572 Thorn Tree Rd., Grosse Pointe Woods
Boyle, Robert E....7350 Cooley Lake Rd., Union Lake
Bracken, Andrew H....5460 Schaeffer, Dearborn
Braden, Robt. G. (A)....25060 E. River Place, Grosse Isle
Bradfield, Horace F....3008 E. Grand Blvd., Detroit 2
Bradley, Geo. T....1553 Woodward Ave., Detroit 26
Braley, Wm. N. (L)....12897 Woodward, Detroit 3
Bramigk, Fritz W. (L)....509-511 Professional Bldg., Detroit 1
Brand, Benj....4500 Wabash Ave., Detroit 8
Brandl, Earl A....2860 Clark, Detroit 32
Braun, Lionel....15121 W. McNichols Rd., Detroit 35
Braun, Robert A....18610 Hartwell Ave., Detroit 35
Braverman, Morris M....20905 Greenfield Rd., Southfield 35
Bredau, Frank N., Jr....24781 Five Mile Rd., Detroit
Breiner, Sander J....14300 W. McNichols Rd., Detroit 21
Brekke, Viola G....369 Glendale St., Highland Park 3
Bremer, John P....17818 E. Warren, Detroit 24
Bremer, Wm. M....15641 E. Warren, Detroit 24
Breneman, Gerald M....28300 Forest Brook Dr., Farmington
Brennan, Michael J....1168 Three Mile Dr., Grosse Pointe
Brent, Morris S....1330 Strathcona Dr., Detroit 3
Brey, Norman W....1900 David Broderick Twr., Detroit 26
Briegel, Walter A. (R)....1186 Buckingham, Birmingham
Briggs, Wm. J....1900 David Broderick Twr., Detroit 26
Bringard, Elmer L....20905 Greenfield, Southfield
Brinkman, G. L....Henry Ford Hospital, Detroit 26
Briski, Jacob E....21231 Sunnydale, St. Clair Shores
Brisson, John E....14801 Southfield, Allen Park
Brisson, Jos. C....9191 Whittier St., Detroit 24
Bristol, Wm. R....189 Claverly, Detroit 36
Broadman, Sylvan A....25705 Middlebelt, Farmington
Brock, Donald R....36475 Five Mile Rd., Livonia
Broderson, Harvey S. (R)....10720 W. Jefferson, River Rouge 18
Bromme, Wm....10 Peterboro St., Detroit 1
Brooks, Chas. W., II....2033 E. Davison St., Detroit 12
Brooks, Eugene M....609 Northland Med. Bldg., Southfield
Brooks, Nathan....7401 3rd St., Detroit 2
Brosius, Chas. O....15800 Six Mile Rd., Detroit 35
Brosius, Wm. L. (L)....1823 Fair Oak Court, Rochester
Brown, Andrew G....20905 Greenfield, Southfield
Brown, Audrey O. (L)....46 Oakdale, Pleasant Ridge
Brown, Carlton F....16552 Westmoreland Rd., Detroit 19
Brown, Chas. H....2387 Fort St., Wyandotte
Brown, Eli M....13123 LaSalle, Huntington Woods
Brown, Frances....1940 Lincolnshire, Detroit 3
Brown, Gordon T....13000 Hayes Ave., Detroit 5
Brown, Henry S. (L)....100 Oakman Blvd., Detroit
Brown, H. Zane (A)....Receiving Hospital, Detroit
Brown, John R....1145 David Whitney Bldg., Detroit 26
Brown, Kenneth A....5050 Joy Rd., Detroit 4
Brown, Robt. A....3529 W. Jefferson Ave., Ecorse
Brown, Saml. M....21821 Harding, Oak Park
Brown, Saul....6890 White Pine Dr., Birmingham
Brown, Stanley H. (L)....8544 W. McNichols Rd., Detroit 21
Brown, Thos. A....5430 W. Warren Ave., Detroit 10
Brownell, H. H....10435 Groh, Grosse Isle
Brownell, Paul G....18916 Woodward Ave., Detroit 3
Bruce, Thomas A....16540 Shrewsbury, Detroit 21
Bruder, Robt. C....4520 Firestone Ave., Dearborn
Bruer, Edgar S....12170 Fort St., Wyandotte
Bruer, Edwin L....12170 Fort St., Wyandotte
Brundage, Robt. D....1914 Edgewood, Dearborn
Brush, Brock E....2799 W. Grand Blvd., Detroit 2
Bruton, Martin F....341 Massachusetts, Detroit 31
Bryan, Donald I....13700 Woodward Ave., Highland Park 3
Bryan, John B....2799 W. Grand Blvd., Detroit 2
Bryce, John D....Med. Dispensary, APO, Detroit 33
Buell, John H. (R)....188 Provencal Rd., Detroit 36
Buerki, Robin C....Henry Ford Hosp., Detroit 2
Buettgen, Jan W....2900 S. Fort St., Detroit 17
Buller, Harry L. (A)....4120 Fenkell Ave., Detroit 38
Burge, Robert H....28343 Joy Rd., Dearborn
Burke, Joseph J....3333 E. Jefferson, Detroit 7
Burke, Ralph M....580 University Pl., Grosse Pointe 30
Burnham, David C....13700 Woodward Ave., Highland Park
Burnham, Thomas K....Henry Ford Hospital, Detroit 2
Burns, Robert E....Henry Ford Hospital, Detroit 2
Burns, Robt. T....11110 Morang Rd., Detroit 24
Burnside, Howard B....33 Oakland Park, Pleasant Ridge
Burnstine, David....771 Fisher Bldg., Detroit 2
Burnstine, Julius Y. (L)....45 Owen Ave., Detroit 2
Burnstine, Perry P....2329 W. Grand Blvd., Detroit 8
Burr, Geo. C. (L)....2016 W. Boston Blvd., Detroit 6
Burroughs, Roswell G....31624 Auburn Dr., Birmingham
Burrows, Howard A....10423 W. Warren Ave., Dearborn
Burstein, Harry S....2950 W. Grand Blvd., Detroit 2
Burstein, I. Marvin....2950 W. Grand Blvd., Detroit 2
Burstein, Morris M....2950 W. Grand Blvd., Detroit 2
Burton, DeWitt T. (L)....54 Arden Park, Detroit 2
Burton, Irving F....26912 York Rd., Huntington Woods
Bush, Glendon J....18901 W. McNichols, Detroit 19
Butler, Harry J. (L)....33 Waverly Ave., Highland Park

Butler, James E.......2177 W. Grand Blvd., Detroit 8
Butler, John D.......2173 W. Grand Blvd., Detroit 8
Butler, J. Payne.......3403 W. Warren St., Detroit 8
Butler, Lawrence H.......14521 East 7 Mile Rd., Detroit 5
Butler, Richard G.......2021 Monroe, Dearborn
Butler, Volney N.......28 W. Adams Ave., Detroit 26
Buttrum, Edward J.......14755 Fenkell St., Detroit 27
Byers, Dudley W. (A).......8934 Oakland, Detroit 11
Cabral, Hector H.......13015 W. Chicago, Detroit 28
Cahalan, Jos. L.......15830 Fort St., Southgate
Cain, Waldo L.......8401 Woodward Ave., Detroit 2
Caldwell, Geo. L. (L)....12017 Joseph Campau, Detroit 12
Caldwell, John R.......2799 W. Grand Blvd., Detroit 2
Cameron, Arthur H. (L).......2853 Biddle Ave., Wyandotte
Cameron, Duncan A.......2021 Monroe, Dearborn
Campbell, Duncan (L).......330 Bush St., Apt. 1, Howell
Campbell, Everett W.......7901 W. Jefferson, Detroit 17
Campbell, Fredk. W., Jr.....Henry Ford Hospital, Detroit 2
Campbell, Harvey E.......25525 Graceland, Dearborn Heights
Campbell, Malcolm D. (L).......14950 Forrer, Detroit 27
Campbell, Mary B. (L).......10454 Kingston, Huntington Woods
Campbell, Robt. E.......8445 E. Jefferson Ave., Detroit 14
Campbell, Ruth B.......1536 David Whitney, Detroit 26
Campbell, Thelma M.......2355 Monroe Blvd., Dearborn
Candler, Clarence L. (L).......20040 Mack Ave., Detroit 36
Canter, Gayle E.......26 Waverly, Detroit 3
Cantor, Herbert C.......26831 N. Woodward, Huntington Woods
Cantor, Meyer O.......7850 Charing Cross, Bloomfield Hills
Cantow, Lawrence A.......19291 Warrington Dr., Detroit 21
Capellari, Elmer E.......Box 3059, Detroit
Capili, Apolinario M.......32707 Bertram Dr., Garden City
Capobres, David B.......1800 Tuxedo, Detroit 6
Caputo, Jos. M.......21831 Willoway, Dearborn
Caputo, Nancy T.......17712 Mack Ave., Grosse Pointe 30
Capuzzi, Eugene T.......24644 Gleneyrie Dr., Southfield
Caraway, James E. (R)......Rt. 1, Box 503, Franklin, N. C.
Carbone, Louis.......14711 Gratiot Ave., Detroit 5
Carbonell, Tomas.......353 Devonshire, Dearborn
Carlisle, John C.......15101 Southfield, Allen Park
Carlson, Harold W.......18070 Wildemere Ave., Detroit 21
Carnes, Harry E.......Parke Davis Co., Detroit 32
Carp, Jos.......8717 Van Dyke, Detroit 13
Carpenter, C. J. (L).......P.O. Box 390, Wayne
Carpenter, Glenn B. (L).......2751 W. Seven Mile Rd., Detroit 21
Carpenter, Wm. S.......18255 W. McNichols Rd., Detroit 19
Carr, James G. (L).......14111 Korte, Detroit 15
Carrick, Lee.......18050 Mack Ave., Grosse Pointe
Carroll, Elmer H.......9920 Stoepel Ave., Detroit 4
Carroll, Jerome G.......29588 Five Mile Rd., Livonia
Carroll, Lona B. (L)..938 David Whitney Bldg., Detroit 26
Carson, Herman J.......7745 Puritan Ave., Detroit 38
Carstens, Henry R. (L).......6896 N. Clunbury Rd., Birmingham
Carter, James A. U.......16637 Wildemere, Detroit 21
Carter, John M. (L).......2860 N.E. 55th Court, Ft. Lauderdale, Fla.
Carter, Leland F.......750 Middlesex, Detroit 30
Cash, Ralph.......19316 James Couzens, Detroit 35
Cassel, Harry E.......6742 Park Ave., Allen Park
Castle, Maurice E.......18980 Wyoming, Detroit 21
Caughey, Andrew F., Jr.......20041 W. Eight Mile Rd., Detroit 19
Caughey, Edgar H.......11301 Whittier St., Detroit 24
Caumartin, Fred E.......17184 Wildemere, Detroit 21
Cellar, Frank A., Jr.......6789 Woodward Ave., Royal Oak
Ceravolo, Albert J.......468 Cadieux Rd., Detroit 30
Ceresko, Anthony R.......9187 Mason Place, Detroit 9
Cetnar, Eugene J.......4322 Bishop, Detroit 24
Chajes, Richard.......15684 Joy Rd., Detroit
Chalat, Ned I.......1553 Woodward Ave., Detroit 26
Chall, Henry G.......2941 W. McNichols Rd., Detroit 21
Chapin, Sidney E.......125 N. Military, Dearborn 7
Chapman, Aaron L. (L).......406 W. Frisco Rd., Pensacola, Fla.
Chapman, Paul T.......1151 Taylor Ave., Detroit 2
Chapman, Roland H.......7600 John R St., Detroit 2
Chapman, Thomas H.......18901 Grand River Ave., Detroit 23
Chapnick, Henry A.......19322 Wyoming, Detroit 21
Chapper, Barbara M.......861 Monroe, Dearborn
Charnas, Sidney.......1129 David Whitney Bldg., Detroit 26
Chase, Clyde H. (R).......2922 Dawes St. S.E., Grand Rapids 8
Chason, Jacob L.......1401 Rivard St., Detroit 7
Chavis, William M.......15866 12th St., Detroit 21
Check, Frank E.......76 W. Adams Ave., Detroit 26
Chen, Allen S. Y.......Wayne Co. Gen. Hosp., Eloise
Chen, Calvin H.......State Hosp., Northville
Chen, Shek C.......1326 St. Antoine, Detroit 26
Chen, Vincent V.......987 E. Jefferson, Detroit 7
Chesluk, Herman M.......17191 J. Couzens Hwy., Detroit 35
Chester, Alice.......25085 Coolidge Hwy., Oak Park
Chester, Wm. P.......28 W. Adams Ave., Detroit 26
Childs, Geo. M.......2970 W. Grand Blvd., Detroit 2
Chipman, Willard A...14300 W. McNichols Rd., Detroit 35
Chipoco, Adolfo M.......25210 Grand River, Detroit 40
Chostner, Grover C. (R).......841 Eden Isle Blvd., St. Petersburg, Fla.
Chown, Marion C.......2025 Ford, Wyandotte
Christensen, R. C.......19635 Mack, Grosse Pointe Woods
Christopher, James G.......4777 E. Outer Dr., Detroit 34
Chrouch, Laurence A. (L).......Pleasant Hill, Tenn.
Church, Aloysius S.......19570 Bretton Dr., Detroit 23
Churchill, John A.......Lafayette Clinic, Detroit 7
Cioffari, Mario S.......15924 W. Seven Mile Rd., Detroit 35
Ciprian, Jos. E. (L).......1775 E. Grand Blvd., Detroit 11
Clapper, Muir.......1401 Rivard St., Detroit 7
Clark, Arthur M.......401 River Lane, Dearborn
Clark, Chas. J.......510 Hughes Rd., Howell
Clark, Clarence M. (L).......2605 Holbrook Ave., Detroit 12
Clark, Harold E. (L).......30761 Greenfield Rd., Southfield
Clark, Max D.......Henry Ford Hospital, Detroit 2
Clark, Wm. P.......1808 Baldwin, Ann Arbor
Clarke, Chas. N.......2501 W. Grand Blvd., Detroit 8
Clarke, Norman E. (L)....2501 W. Grand Blvd., Detroit 8
Clarke, Norman E., Jr.......2501 W. Grand Blvd., Detroit 8
Clarke, Robt. B.......76 W. Adams Ave., Detroit 26
Clemens, Raymond R.......23843 Joy, Dearborn
Clermont, Volna.......5050 Joy Road, Detroit 4
Clifford, John E.......8425 Twelve Mile Rd., Warren
Clifford, Thos. P. (L).......1750 David Whitney Bldg., Detroit 26
Climie, Andrew R. W.......Harper Hospital, Detroit 1
Cline, Richard S.......15101 Plymouth Rd., Detroit 27
Clune, John P.......226 Professional Bldg., Detroit 36
Coates, E. Osborne, Jr.......Henry Ford Hospital, Detroit 2
Cobane, John H.......10 Peterboro Ave., Detroit 1
Cochrane, Edgar G.......503 Med. Arts Bldg., Detroit 3
Cocorelis, S. G. (A).......104 W. Huron, Ann Arbor
Cohen, Herbert H.......12700 W. 7 Mile Rd., Detroit 35
Cohen, Melvin F.......20905 Greenfield, Southfield
Cohn, Danl. E.......409 Fox Bldg., Detroit 1
Cohn, Leonard S.......19105 W. Seven Mile Rd., Detroit 19
Cohoe, Don A. (L).......18916 Woodward Ave., Detroit 3
Cole, James E.......344 Glendale Ave., Detroit 3
Cole, Wyman C. C. (L).......1063 Fisher Bldg., Detroit 2
Cole, Wyman C. C., Jr.......3011 W. Grand Blvd., Detroit 2
Coleman, Margarete W. (L).......1209 S. Woodward, Royal Oak
Coleman, Peter F.......31410 Joy Rd., Livonia
Coleman, Wm. G.......20526 Grand River Ave., Detroit 19
Coles, Thomas B., Jr.......Grace Hospital, Detroit 1
Collier, Beverly A.......Henry Ford Hosp., Detroit 2
Collings, M. Raymond (A).......9201 W. Outer Dr., Detroit 19
Collins, James E.......13103 W. Chicago Blvd., Detroit 28
Colvin, Leslie T.......3011 W. Grand Blvd., Detroit 2
Colyer, Raymond G. (R).......284 Pilgrim, Birmingham
Combs, Julius V. (A).......Det. Receiving Hosp., Detroit 26
Comly, Hunter H.......5475 Woodward, Detroit 2
Compton, Wm. A., Jr.......36825 Bibbins, Romulus
Comstock, Lawrence A.......3700 West Rd., Trenton
Conklin, Emma J.......Wayne Co. Gen. Hosp., Eloise
Conley, Lowry C. M. (L).......99 Tuxedo Ave., Detroit 3
Connelly, Richard C.....1401 David Whitney Bldg., Detroit
Connolly, Paul J.......16778 Westmoreland Rd., Detroit 19
Connors, John J.......3546 Trumbull Ave., Detroit 8

Cook, James A..................................2246 20th St., Wyandotte
Cook, James C......................................3825 Brush St., Detroit 1
Cookinham, Frank........................999 S. Highland, Dearborn
Cooksey, Warren B...................801 Adams Rd., Birmingham
Cooper, James B.............18150 Mack Ave., Grosse Pointe 30
Cooper, Ralph R...................850 Lakeland, Grosse Pointe 30
Cooper, Richard F.....1245 David Whitney Bldg., Detroit 26
Corbeille, Catherine (L)....3011 W. Grand Blvd., Detroit 2
Corbett, David P..........................Harper Hospital, Detroit 1
Cortez, Joseph A.................19350 W. McNichols, Detroit 15
Costa, Frank (A).............Crittenton Gen. Hosp., Detroit 6
Costello, Russell T..............3001 W. Grand Blvd., Detroit 2
Costello, Stephen D...........................3418 Norwood, Trenton
Cotant, John F...................14341 W. McNichols, Detroit 35
Cotton, Schuyler O. (R)........7904 Vernor Hwy., Detroit 9
Coulter, Wm. J...Drummond Island
Courville, Chas. J.......703 Northland Med. Bldg., Southfield
Cowan, Wilfrid (L)......14239 Chandler Pk. Dr., Detroit 13
Cowen, Leon B. (L)................1001 Kales Bldg., Detroit 26
Cowen, Robt. L. (L)............................91 E. Kirby, Detroit 2
Coyle, James E.............................573 Fisher Bldg., Detroit 2
Craig, Roy D..............................829 Fisher Bldg., Detroit 2
Craig, Roy E...........74 Fontana Lane, Grosse Pointe Shores
Crawford, Robert I. (A)..Lyons
Crawley, Eugene H...................885 Bloomcrest, Birmingham
Crews, Thos. H. (L)..........3011 W. Grand Blvd., Detroit 2
Crockett, E. E. J.......................7341 W. Warren, Detroit 10
Croll, Leo J.......................12703 W. 7 Mile Rd., Detroit 35
Croll, Maurice............12703 W. Seven Mile Rd., Detroit 35
Cross, Harold E...............68 N. Deepland Rd., Grosse Pointe
Crossen, Robert J.............933 David Whitney Bldg., Detroit
Crossman, Lyman W..................Delray Hospital, Detroit 17
Croushore, James E.............3001 W. Grand Blvd., Detroit 2
Cubberly, Robt. B..........................1800 Tuxedo St., Detroit 6
Cueto, Jose M..............................4342 W. Vernor, Detroit 9
Cullis, Frank...261 Brady, Detroit 1
Curhan, Jos. H.....................18709 Meyers Road, Detroit 35
Curtis, Frank E. (L)..............273 Kenwood Ct., Detroit 36
Curtiss, Wm. P.............22631 Mack Ave., St. Claire Shores
Cusick, Paul L...........................1108 Stroh Bldg., Detroit 26
Czuj, John M...............................17198 Oak Dr., Detroit 21

Daignault, F. M........................20905 Greenfield, Southfield
Daitch, Martin H.......13011 W. McNichols Rd., Detroit 35
Dale, Esther H.............................1401 Rivard St., Detroit 7
Dale, Mark...........................3702 E. 8 Mile Rd., Detroit 34
Dal Santo, G.................................1401 Rivard St., Detroit 7
Daly, Eugene T...............................24781 Fenkell, Detroit 29
Danforth, James C., Jr...........20175 Mack Ave., Detroit 36
Danforth, Robt. D...................20175 Mack Ave., Detroit 36
Danielski, John J...........................563 Fisher Bldg., Detroit 2
Danz, George W.....................................1539 Ford, Wyandotte
Daoust, Patrick H........................15520 Garfield, Allen Park
Darling, Chas. E...........................673 Fisher Bldg., Detroit 2
Darnley, James D...........24 Fairwood Blvd., Pleasant Ridge
Dashiell, Grayson F...........................1800 Tuxedo, Detroit 6
Davidson, David M.............3011 W. Grand Blvd., Detroit 2
Davidson, Harold H.......................19310 Wyoming, Detroit
Davidson, Harry O.............2799 W. Grand Blvd., Detroit 2
Davies, Thos. S. (L)................................15115 E. Jefferson, Grosse Pointe 30
Davies, Windsor S.................28 W. Adams Ave., Detroit 26
Davis, Herbert A........................9901 Melbourne, Allen Park
Dawson, W. A. (R).......................188 Lake Silver Dr. N.W., Winter Haven, Fla.
Day, A. Jackson.........................245 Cloverly Rd., Detroit 36
Day, Francis T....................................18540 Mack, Detroit 36
Day, Jay C.........................1553 Woodward Ave., Detroit 26
Dean, Carleton R. (M).......................Off. of Vocnl. Rehab., 42 Broadway, Room 1200, New York 4, N. Y.
Dean, George A.........................19309 Greenfield, Detroit 35
De Busk, Roger W.........................4160 John R St., Detroit 1
Deering, Robt. J....................1359 Champaign, Lincoln Park
Defever, Cyril R.........................19787 Mack Ave., Detroit 36
De Giustino, Caesar............1175 E. Grand Blvd., Detroit 11
De Groat, Albert F.......................1151 Taylor Ave., Detroit 2
Delaini, Stella M.................3011 W. Grand Blvd., Detroit 2
De Lawrence, Betty J.........21576 Michigan Ave., Dearborn
De Lawrence, Thomas........21576 Michigan Ave., Dearborn
Del Giorno, Thos. E................St. John's Hospital, Detroit 36
Del Valle, Mario............................19936 Packard, Detroit 34
Dennis, Melvin S.........................22146 Ford Rd., Dearborn

Denson, Andrew L. (A)...........................821 Medical Group, Ellsworth AFB, S. Dak.
Deponio, Sylvester A.......20215 Van Dyke Ave., Detroit 34
Deresz, Alphonse.....................4204 E. Outer Dr., Detroit 34
Derleth, Paul E.............563 W. Oakridge Ave., Ferndale 20
Derr, John W...........1145 David Whitney Bldg., Detroit 26
Derrick, C. F...............................3677 Fort St., Lincoln Park
De Smyter, Geo. C....................15527 E. Warren, Detroit 24
De Spelder, Ray E.............2970 W. Grand Blvd., Detroit 2
Deuby, Owen J...............15121 W. Seven Mile Rd., Detroit
Devine, Herbert W.................22101 Moross Rd., Detroit 36
Diakow, Lilian M.........................1539 N. Line Rd., Wyandotte
Dibble, Harry F. (L)........1553 Woodward Ave., Detroit 26
Dickson, Basil R...................337 W. Grand Blvd., Detroit 16
Dickson, Elias L., Jr.............7716 Oakland Ave., Detroit 11
Dickson, Laurie C., Jr.....400 Lincoln Rd., Grosse Pointe 30
Dickson, Leon A............................5535 W. Chicago, Detroit 4
Dickson, Mary D.............18424 Mack Ave., Grosse Pointe 36
Diebel, Nelson W...........................660 Cadieux Rd., Detroit 30
Diekman, Fred C.........15800 W. McNichols Rd., Detroit 35
Dietze, Margaret R.................................861 Monroe, Dearborn
Dietzel, Hugo O. (R)....844 Hemlock Dr., San Carlos, Calif.
Di Lella, Leonard L...............Henry Ford Hospital, Detroit 2
Dill, Hugh L.....................16114 E. Warren Ave., Detroit 24
Dill, J. Lewis..............................18615 Birchcrest, Detroit 21
Di Loreto, Panfilo C...............285 Vincennes Pl., Detroit 36
Di Maso, Gennaro J.........................21501 Kelly, East Detroit
Dimond, Geo. E..........................18401 Bretton Dr., Detroit 23
Dionne, Paul E.........................12500 E. 12 Mile Rd., Warren
Dittmer, Edwin F.....................18342 Mack Ave., Detroit 36
Ditzler, John W..........................581 Rivard Blvd., Detroit 30
Dixon, Fredk. W...............................245 S. Martha, Dearborn
Dixon, Ray S. (L)...........................5001 Van Dyke, Detroit 13
Dodds, John C. (L)......................30 Morand Rd., Detroit 36
Dodenhoff, Chas. F...................18031 Kelly Rd., Detroit 24
Dodrill, Forest D.................Woodberry Dr., Bloomfield Hills
Doering, Wendell R...........17555 James Couzens, Detroit 35
Doig, Victor F.......................................19676 Dale, Detroit 19
Dolan, Edward A.......................22345 Cherry Hill, Dearborn
Dolega, Stanley F.............15640 E. Warren Ave., Detroit 24
Dolgoff, Sidney....................15600 Michigan Ave., Dearborn
Dolin, Simon..................................2900 S. Fort St., Detroit 17
Domzalski, Casimir A.......5361 McDougall Ave., Detroit 11
Domzalski, Henry M...............15252 Gratiot Ave., Detroit 5
Donald, Douglas (L)......7815 E. Jefferson Ave., Detroit 14
Donath, Rolf W.......................................7430 Second, Detroit 2
Donovan, Eugene T.............13365 Michigan Ave., Dearborn
Donovan, Richard S...........17555 James Couzens, Detroit 35
Doran, John H...................15101 Plymouth Rd., Detroit 27
Dorman, Jack...................18245 Warrington Dr., Detroit 21
Dorsey, Edward C......................8344 E. Jefferson, Detroit 14
Dorsey, John M.....................65 Moss Ave., Highland Park 3
Doty, Chester A. (L)........1553 Woodward Ave., Detroit 26
Doub, Howard P. (L)........2799 W. Grand Blvd., Detroit 2
Dougherty, Edw. A., Jr...............18241 W. McNichols Rd., Detroit 19
Douglas, Clair L. (L)......1553 Woodward Ave., Detroit 26
Douglass, Robt. C.....23023 Orchard Lake Rd., Farmington
Dovitz, Benj. W...............16820 Greenfield Ave., Detroit 35
Dowdle, Edward (L)...........2258 W. Grand Blvd., Detroit 8
Downer, Ira G. (L)........8445 E. Jefferson Ave., Detroit 14
Downes, Geo. O...............................15062 Houston, Detroit 5
Drake, Ellet H.......................Henry Ford Hospital, Detroit 2
Drake, James J. (R)..........8845 Marygrove Dr., Detroit 21
Drapiza, Ruth L..................22231 W. Outer Dr., Dearborn
Draves, Edward F..............................19647 Joy Rd., Detroit 28
Drazek, Jos. A................................18980 Wyoming, Detroit 21
Drews, Robt. S.................12500 Broadstreet Blvd., Detroit 4
D'Sena Dorothy...........................33000 Palmer Rd., Wayne
Dubin, Jos. J...................10401 W. Chicago Blvd., Detroit 4
Dubnove, Aaron (L)..........2115 W. Grand Blvd., Detroit 8
Dubpernell, Martin S. (L)........4019 Gilbert St., Detroit 10
Dubpernell, Robt. O.............18595 Grand River, Detroit 23
Dudek, John J.........................19244 Grand River, Detroit 23
Dumke, Paul R...................2799 W. Grand Blvd., Detroit 2
Duncan, James R.........................8633 John R St., Detroit 2
Dundas, Edward M., Jr.................4520 Firestone, Dearborn
Dunlap, Henry A...........7815 Jefferson Ave. E., Detroit 14
Dunn, Cornelius E.............................3496 Burns, Detroit 14
Dupler, Gerald E.................................10 Peterboro, Detroit 1
Durham, Everett W.......23100 Cherry Hill Rd., Dearborn 7

Durham, Robt..........Henry Ford Hosp., Detroit 2
Dutcher, Dwight J..........711 S. Oxford, Detroit 36
Duwe, Frank A..........25321 Five Mile Rd., Detroit 39
Dwaihy, Paul J. (A)..........14530 E. Warren, Detroit 15
Dwyer, Francis W..........14440 W. McNichols, Detroit 35
Dyer, H. Lorne..........44536 Chedworth, Northville
Dykema, Rosemary M..........18424 Mack Ave., Detroit 36
Dziuba, John F..........18901 W. Warren Ave., Detroit 28
Dzul, Paul..........14620 E. Seven Mile Rd., Detroit 5

Eades, Chas C..........19635 Mack Ave., Detroit 36
Eadie, Gordon A..........16083 Southampton St., Livonia
Eakins, F. J. (R)..........Henderson County, Robards, Ky.
Easterly, Robt. L..........1404 Ford Ave., Wyandotte
Eaton, Crosby D..........3011 W. Grand Blvd., Detroit 2
Echt, Raymond J..........VA Hospital, Dearborn
Eckhous, Arthur W..........1015 Kales Bldg., Detroit 26
Economy, Donald E..........7854 Kentucky, Dearborn
Eder, Saml. J. (L)..........19541 Cranbrook, Detroit
Edgar, Irving I..........1036 David Whitney Bldg., Detroit 26
Edmonds, Gerald W..........19795 St. Mary's Ave., Detroit 35
Edmonds, Wm. N. (L)..........18525 Merriman Rd., Livonia
Edmondson, Robt. B..........18501 Mack Ave., Detroit 36
Edwards, James G..........17751 E. Warren Ave., Detroit 24
Egan, Charles F..........Wyandotte Gen. Hosp., Wyandotte
Eisenbrey, A. B..........Henry Ford Hosp., Detroit 2
Eisenstein, B..........210 Professional Bldg., Detroit 1
Eisman, Clarence H. (L)..........1121 Whittier Rd., Grosse Pointe 30
Eldredge, Edward F..........18540 Mack Ave., Grosse Pointe 36
Elliott, Jos. P., Jr..........Henry Ford Hospital, Detroit 2
Elliott, Robt. N..........760 Fisher Bldg., Detroit 2
Ellis, Frank R..........880 S. Lafayette, Dearborn 7
Elman, Meyer J..........108 W. Hancock, Detroit
Elson, Abraham L..........Lafayette Clinic, Detroit 7
Elvidge, Robt. J..........2900 W. Grand Blvd., Detroit 2
Emmert, Herman C. (L)..........4927 N. 34th, Arlington 7, Va.
Endler, Gerhard C..........1394 Roslyn Rd., Grosse Pointe Woods
Enfroy, Henri L..........19980 Shrewsburg, Detroit 21
Engel, Earl H..........2336 Van Alstyne Blvd., Wyandotte
Engstrom, Fredk. W..........2021 Monroe, Dearborn
Engstrom, Ruby M..........1777 Culver Ave., Dearborn
Eno, Laurel S..........212 Eastland Pr. Bldg., Detroit 36
Ensign, Dwight C..........Franklin
Erickson, Eldon W..........25750 W. Outer Dr., Lincoln Park
Erickson, Miles A..........1932 Ford Ave., Wyandotte
Erman, Jos. M..........19530 Stratford Rd., Detroit 21
Ernest, Reginald H..........5050 Joy Rd., Detroit 4
Eschbach, Jos W..........935 S. Military St., Dearborn
Eurs, Frank J..........1340 Maccabees Bldg., Detroit 2
Evans, Gomer P., Jr..........1553 Woodward Ave., Detroit 26
Evans, Jos. M..........16431 Harper, Detroit 24
Ewing Chas. H..........17120 E. Warren, Detroit 24
Eyler, Wm. R..........2799 W. Grand Blvd., Detroit 2
Eyres, Alfred E..........17800 E. 8 Mile, Detroit 36

Fachnie, Harold L..........19203 Grand River, Detroit 23
Faello, Sebastian J..........16840 E. Warren Ave., Detroit 24
Fagan, James P..........987 E. Jefferson, Detroit 7
Fagin, Irving D..........18254 Livernois Ave., Detroit 21
Fahim, Ramfis B..........226 Eastland Prof. Bldg., Detroit 36
Falick, Mordecai L..........3011 W. Grand Blvd., Detroit 2
Falk, Ira E..........17411 Cherrylawn, Detroit 21
Fallis, Lawrence S..........2799 W. Grand, Detroit 2
Fandrich, Theodore S. (R)..........3515 Chuparosa Dr., Santa Barbara, Calif.
Farbman, Aaron A..........14515 Kercheval, Detroit 15
Farina, Angel M..........23550 Joy Rd., Detroit 39
Farmer, Wm. L., Jr..........3335 W. Davison, Detroit 38
Farnam, Larry M., Jr..........19787 Mack Ave., Detroit 36
Faunce, Sherman P..........1824 Seminole St., Detroit 14
Fea, John F..........Mt. Carmel Mercy Hosp., Detroit 35
Feigelson, Howard H..........Sinai Hospital, Detroit 35
Felcyn, W. Geo..........2091 W Grand Blvd., Detroit 8
Feld, David..........15101 W. McNichols Rd., Detroit 35
Feldkamp, Lee E..........360 N. Main, Plymouth
Feldman, Irwin..........987 E. Jefferson Ave., Detroit 7
Feldman, Nathanial L..........24370 Tamarack Circle, Southfield
Feldman, Paul H..........16800 Greenfield, Detroit 35
Feldstein, Martin Z..........13345 W. McNichols Rd., Detroit 35
Fellner, Wm. A..........3202 Gen. Motors Bldg., Detroit 2
Fellows, William R..........3815 Pelham, Dearborn
Fenech, Harold B..........324 Professional Bldg., Detroit 1
Fenner, Wm. G..........12454 E. Outer Dr., Detroit 24
Fennessey, John F..........512 Rivard, Grosse Pointe 30
Fenton, Edwin H..........15125 Grand River Ave., Detroit 27
Fenton, Meryl M..........8600 W. McNichols Rd., Detroit 21
Fenton, Russell F..........15125 Grand River Ave., Detroit 27
Fenton, Stanley C..........15618 E. Warren, Detroit 24
Fentress, Vance..........641 David Whitney Bldg., Detroit 26
Feringa, Philip J..........20901 Moross Rd., Detroit 36
Ferrara, Richard J..........20045 Mack Ave., Grosse Pointe Woods
Ferrara, Virginia M..........18422 Woodward, Detroit 3
Ferris, George N..........20001 Greenfield, Detroit 35
Ferszt, Marion S..........18019 Rutherford, Detroit 35
Figiel, Leo S..........1500 Balmoral, Grosse Pointe
Figiel, Steven J..........4160 John R St., Detroit 1
Filkin, Lawrence E..........621 Fairbrook, Northville
Fill, Leon..........987 E. Jefferson, Detroit 7
Finch, Alvis D..........18000 Jas. Couzens Hwy., Detroit 35
Finch, F. Sinclair..........894 N. Renaud, Detroit 36
Finck, Jerome H..........25841 Plymouth, Detroit 39
Fine, Edward..........1112 Kales Bldg., Detroit 26
Fine, Gerald..........Henry Ford Hosp., Detroit 2
Fink, Saml..........10161 Burton, Oak Park
Finkelstein, Lionel..........15800 W. McNichols Rd., Detroit 27
Finkelstein, M. B..........18254 Livernois, Detroit 21
Firestone, N. S..........10151 Michigan Ave., Dearborn
Firnschild, Paul G..........10538 Andrews, Allen Park
Fischer, Arthur J..........36016 Five Mile Rd., Livonia
Fischer, Fredk. J..........654 Fischer Bldg., Detroit
Fischhoff, Jos..........18674 Fairfield, Detroit 21
Fishbein, Herbert L..........987 E. Jefferson Ave., Detroit 7
Fisher, Geo. S..........1709 David Whitney Bldg., Detroit 26
Fisher, James M..........176 Merriweather, Grosse Pointe 36
Fisher, Ralph L..........8445 E. Jefferson Ave., Detroit 14
Fitzgerald, C. H..........Wayne Co. Gen. Hospital, Eloise
Fitzgerald, James M..........15801 W. McNichols, Detroit 35
Fitzpatrick, F. W..........17187 Schaefer, Detroit 35
Flaherty, Henry J..........19600 W. McNichols Rd., Detroit 19
Flaherty, Norman W..........24315 Fairmont Dr., Dearborn
Flake, Thomas M..........5050 Joy Rd., Detroit 4
Fleming, Jos. L..........4218 Wendell Rd., Orchard Lake
Flora, Wm. R..........8100 E. Jefferson Ave., Detroit 14
Flower, James A. (R)..........14140 Puritan Ave., Detroit 27
Floyd, William S..........19105 W. Seven Mile Rd., Detroit 19
Fogt, Herbert E. (L)..........11801 Morang Dr., Detroit 24
Fogt, Robt. G..........11801 Morang Dr., Detroit 24
Foley, Hugh S. (L)..........23100 Cherryhill, Dearborn
Foote, John A..........1336 Southfield Road, Lincoln Park
Ford, Geo. A. (L)..........28 W. Adams Ave., Detroit 26
Fordell, Frank S..........22159 W. Outer Dr., Dearborn
Forgrave, Edward G..........18520 Grand River, Detroit 23
Forrer, Gordon R..........20141 James Couzens, Detroit 35
Fosnaugh, Robert P..........23185 Timberline, Southfield
Foster, E. Bruce..........20905 Greenfield Rd., Southfield
Foster, Owen C. (L)..........1553 Woodward Ave., Detroit 26
Foster, Wallace M..........13700 Woodward Ave., Highland Park 3
Fowler, Melvin E..........247 E. Warren St., Detroit 1
Fraiberg, Paul L..........13001 W. Chicago Blvd., Detroit 28
Frame, Boy..........18694 Warrington Dr., Detroit 21
France, Chas. J..........838 Berkshire Rd., Grosse Pointe 30
Franjac, Marion J..........25447 Plymouth Rd., Detroit 39
Franklin, John E..........4075 Ink Rd., Inkster
Franzen, Nils A..........19566 W. Grand River, Detroit 23
Frazer, Mary M. (L)..........748 Seminole, Detroit 14
Frederickson, Geo. C..........7430 Second, Detroit 2
Free, Harry W..........14300 W. McNichols, Detroit 35
Freedman, Arthur M..........7701 Wyoming, Dearborn
Freedman, John (R)..........4853 Second Blvd., Detroit 1
Freeman, Donald K..........881 Chalmers St., Detroit 15
Freeman, Mable..........1316 David Broderick Twr., Detroit 26
Freeman, Michael W..........1810 Wellesley Dr., Detroit 3
Freeman, Wilmer..........940 East 7 Mile Rd., Detroit 3
Freid, Samuel..........17537 Parkside, Detroit 21
Freier, Andrew A..........19321 Greenfield, Detroit 35
Freier, Morton L..........13051 Puritan Ave., Detroit 27
Freilich, Olga..........746 Collingwood, Detroit
Freitas, Eugene L..........St. John's Hospital, Detroit 36
Fremont, J. Courtney..........1202-4 David Whitney Bldg., Detroit 26
Frey, James L..........1553 Woodward Ave., Detroit 26

Friedlaender, Alex S....................10300 W. Seven Mile Rd., Detroit 21
Friedlaender, Sidney..10300 W. Seven Mile Rd., Detroit 21
Friedlander, Joseph (A)....................3776 Leslie, Detroit 38
Friedman, David..........2429 E. Milwaukee Ave., Detroit 11
Friedman, Isidor H........................3773 2nd Ave., Detroit 1
Friedman, Seymour...................5132 Allen Rd., Allen Park
Frisch, Emanuel.................................1800 Tuxedo, Detroit 6
Frost, Harold M.........................Henry Ford Hosp., Detroit 2
Frost, Richard G.................................1800 Tuxedo, Detroit 6
Fryfogle, James D.............................Cd. 8, Med. Concourse, Northland Center, Southfield
Fulgenzi, William R..................1305 Kales Bldg., Detroit 26
Fuller, Hugh M.........1257 David Whitney Bldg., Detroit 26
Fulton, Wm. J. (R)................Wye Ferry, Queenstown, Md.

Gaffney, J. Mitchell..........................13600 Ohio, Detroit 21
Gagliardi, Carl A......................3516 Fort St., Lincoln Park
Gahagan, Thomas................Henry Ford Hospital, Detroit 2
Gajewski, John E.............Parke Davis and Co., Detroit 32
Galacz, Robert J......................1833 18th Street, Wyandotte
Galantowicz, H. C................7433 Mich. Ave., Detroit 10
Galantowicz, Thos. H....................20217 Ann Arbor Trail, Dearborn
Galdonyi, Laslo (L)................2311 Dav. Broderick Twr., Detroit 26
Galdonyi, Nicholas (L)......................8001 W. Jefferson Ave., Detroit 17
Galerneau, Darrel B. (L)........7394 Engleman, Centerline
Gall, Henry........................275 W. Grand Blvd., Detroit 16
Gallant, Vincent J.................53 Chicago Bldg., Detroit 2
Ganos, Thos.................................6742 Park Ave., Allen Park
Gans, Robert I...........7310 W. Seven Mile Rd., Detroit 21
Ganschow, John H.............1840 Holbrook Ave., Detroit 12
Gardner, Lawrence W.........6071 W. Outer Dr., Detroit 35
Gardner, Max L....................19557 Mack Ave., Grosse Pointe
Gariepy, Louis B.........16401 Grand River St., Detroit 27
Gariepy, Louis J. (L)........16401 Grand River, Detroit 27
Gass, H. Harvey..........................529 Fisher Bldg., Detroit 2
Gaston, Herbert B..........7501 W. Morrow Circle, Dearborn
Gates, Nathaniel (L)........516 Professional Bldg., Detroit 1
Gaynor, Alex.......................1755 E. 7 Mile Rd., Detroit 3
Gehring, Harold W.............20211 Greenfield, Detroit 35
Geib, Ledru O. (L)..........3528 Van Dyke Ave., Detroit 14
Geitz, Wm. A. (R)....................Box 1133, Boca Raton, Fla.
Gelbach, Philip D.....................2900 S. Fort St., Detroit 17
Gemeroy, Jos. C.............................962 Fisher Bldg., Detroit 2
Gerisch, Robt. A.........1217 Dav. Whitney Bldg., Detroit 26
Gerondale, Elmond J. (L)...............3001 W. Grand Blvd., Detroit 2
Gibson, Dunbar P...............................Box 1256, Detroit 31
Gibson, Wm...........................7440 Mack Ave., Detroit 14
Giese, Fred W.....................18526 Schoolcraft, Detroit 23
Gigante, Nicola..................................10 Peterboro, Detroit 1
Gigliotti, David................2500 W. Grand Blvd., Detroit 8
Gilbert, Harold R.........................13146 Phelps, Wyandotte
Giles, Conrad L.........407 Northland Med. Bldg., Southfield
Gillespie, Stephen M.............23100 Cherry Hill, Dearborn
Gilpin, Watson A.............1539 Lockridge, Bloomfield Hills
Gilreath, James L..............................1800 Tuxedo, Detroit 6
Gilroy, John..............................John Harper Hospital, Detroit
Gimbel, Nicholas S.......................1800 Tuxedo, Detroit 6
Ginsberg, Harold I.........15344 McNichols Rd., Detroit 35
Gitlin, Chas..........................2424 Oakman Blvd., Detroit 35
Gittins, Perry C.................20905 Greenfield Rd., Southfield
Givens, Donovan H..........3453 Charlevoix Ave., Detroit 7
Gizynski, Waldemar E...............15400 Edington Rd., Livonia
Glass, Wayne W.................Wayne County Gen. Hosp., Eloise
Glasgow, Gordon K.........1174 3 Mile Rd., Grosse Pointe 30
Glassman, Saml. (L)........................9233 Emerson Srf. Sd., Miami Beach, Fla.
Glazer, Walter S.............1490 Charrington Rd., Birmingham
Glees, John L...................................P.O. Box 1318, Detroit
Glemet, Raymond B. (L)....................216 W. Grand Blvd., Detroit 16
Glikman, Victor................20131 James Couzens, Detroit 35
Glowacki, Ben F.................8 Mile & Greenfield, Southfield
Glowacki, Edward T........................20162 Wedge Wood, Grosse Pte. Wds.
Glowacki, Raymond M......................961 Monroe, Dearborn
Godley, Alegro J............................8401 Woodward, Detroit
Goerke, Elmer A....................36663 Goddard Rd., Romulus
Goetz, Angus G.................1553 Woodward Ave., Detroit 26
Goins, Wm. F...6675 Tireman, Detroit 4
Goldberg, Arthur............340 E. Eight Mile Rd., Detroit 3
Goldberg, Harry H. (L)....................2211 Woodward Ave., Detroit 1
Goldberg, Nathan H. (L)...............2211 Woodward Ave., Detroit 1
Golden, Alfred............26764 York Rd., Huntington Woods
Goldfaden, Alfred....................6658 W. Fort St., Detroit 9
Goldman, Aubrey............17191 James Couzens, Detroit 35
Goldman, Perry.........................16805 Princeton, Detroit 21
Goldman, Robert T.............Wayne County Hospital, Eloise
Goldrath, Milton H.........17000 W. 8 Mile Rd., Southfield
Goldstein, Abe S.............18450 North Lawn, Detroit 21
Goldstein, Sidney (A)....................Northville State Hosp., Northville
Gollman, Maurice D.....................17000 W. Eight Mile Rd., Southfield
Gomez, Manuel R...........Mayo Clinic, Rochester, Minnesota
Gomley, Romuald H.............7220 Gratiot Ave., Detroit 13
Goodman, Maxwell M.................22265 Garrison, Dearborn
Goodman, Virgil P.........762 Bedford Rd., Grosse Pte. Pk.
Goodwin, Warren W.........20131 James Couzens, Detroit 35
Goodwin, William P.................1616 Boston W., Detroit 6
Gordon, John W. (R)............15123 Artesian Ave., Detroit
Gordon, Wm. E.....................18058 Greenfield, Detroit 35
Gorelick, Martin J.............23901 Michigan Ave., Dearborn
Gorning, Raymond P.....................857 Marlborough Ave., Detroit 15
Gorvl, Stephen V..........................21501 Kelly, East Detroit
Goslee, Leonard T.....................4401 Conners, Detroit 15
Goss, Samuel B..................................10 Peterboro, Detroit 1
Gotham, James E............................3825 Brush St., Detroit 1
Gottlieb, Jacques S..................951 E. Lafayette, Detroit 7
Gottschalk, Fred W. (L)........712 Kales Bldg., Detroit 26
Goux, Raymond S. (L)..........................545D Whitney Bldg., Detroit 26
Grabiel, Amado........................10151 Michigan, Dearborn
Grace, Jos. M.........27453 Rainbow Circle, Lathrup Village
Grady, Jos. A.....................946 Three Mile Dr., Detroit 30
Graham, John G., Jr..................................491 Lincoln Rd., Grosse Pointe 30
Graham, Theodore N....................2424 Puritan, Detroit 38
Granger, Francis L.............14160 Gratiot Ave., Detroit 5
Granger, George R.....................705 David Whitney Bldg., Detroit 26
Grant, Abraham H.....................18024 Sorrento, Detroit 35
Grant, Heman E. (L)...Lewiston
Gratton, Henri L. (L)........76 W. Adams Ave., Detroit 26
Graves, James H.........................861 Fisher Bldg., Detroit 2
Gray, Howard O...................................5050 Joy Rd., Detroit
Greek, Louis M.................12901 E. McNichols, Detroit 5
Green, Edward W.............2799 W. Grand Blvd., Detroit 2
Green, Ellis R. (L)............5172 Scotten Ave., Detroit 10
Green, Henry L.............................24260 Dante, Oak Park
Green, Lewis..........................13000 Grand River, Detroit 27
Green, Louis M.................14636 E. 7 Mile Rd., Detroit 5
Green, Milton M.............1180 Southfield Plaza, Southfield
Green, Nelson W.............15800 W. McNichols, Detroit 35
Greenberg, Jack R.........15743 W. 7 Mile Rd., Detroit 35
Greenberg, Julius J.............5328 W. Outer Dr., Detroit 35
Greenberg, Morris Z.....................9105 Van Dyke, Detroit 13
Greenberg, Stanley................20905 Greenfield, Southfield
Greene, John B..........2179 W. Grand Blvd., Detroit 8
Greenidge, Robt. I. (L)............4839 Beaubien, Detroit 1
Greenlee, Wm. T. (L)............15053 Maddelein, Detroit 5
Greenslit, Frank S.........U.S. Vets. Admin. Hosp., Dearborn
Gregory, Louis J..................47 Webber Place, Detroit 36
Greiner, Bert A.............14607 E. Seven Mile Rd., Detroit 5
Grekin, John N.............7421 W. Seven Mile Rd., Detroit 21
Grier, William H.................1575 E. Lafayette, Detroit 7
Griffin, Robert J.................17401 Mack Ave., Detroit 24
Griffiths, Sydney J.............15400 Plymouth Rd., Detroit 27
Grimaldi, Gregory J. (A)............2983 Seminole, Detroit 14
Grinstein, Alexander..................18466 Wildemere, Detroit 21
Grishkoff, M. A..........................2201 E. Jefferson, Detroit 7
Griva-Lizlovs, S.................29901 Ford Rd., Garden City
Grob, Otto (A)............7385 Parkstone Lane, Birmingham
Gronemeyer, Wm. H.....................1800 Tuxedo, Detroit 6
Gross, Louis....................18937 Van Dyke St., Detroit 34

Grossman, Solomon C....................26339 Woodward Ave., Huntington Woods
Guerrero, Jose..........................13700 Woodward, Detroit 3
Guidot, Julian M.............13345 W. McNichols, Detroit 35
Guimaraes, Abilio S. (L)....................7301 Schaffer Hwy., Dearborn
Guinan, Geo. E.....................27614 Gainsborough, Inkster
Guindi, Sami F....................1080 Fisher Bldg., Detroit 2
Gulick, Arthur E........................4160 John R, Detroit 1
Gurdjian, Elisha S.........1553 Woodward Ave., Detroit 26
Gurri, Jose P........................3150 Carpenter, Detroit 12
Gurskis, Eugenia E.................504 Kales Bldg., Detroit 26
Gustafson, David C.........1 Lafayette Plaisance, Detroit 7
Gutow, Benjamin R...................20905 Greenfield, Southfield
Guyton, Jack S................2799 W. Grand Blvd., Detroit 2
Hacker, Elaine M............................293 Merriweather Rd., Grosse Pointe Farms
Hackert, John L.............14551 Southfield Rd., Allen Park
Haddad, Benjamin F................1010 Mich. Mutual Bldg., Detroit 26
Haddad, Elias D.........................17830 E. Warren, Detroit
Hadesman, Donald....................985 E. Jefferson, Detroit 7
Haefele, Leslie P.................29108 Ford Rd., Garden City
Hagermoser, H. H. (A)............5991 Yorkshire, Detroit 24
Hagge, Donald R.........29594 W. Five Mile Rd., Livonia
Haidostian, B. H.............18456 Grand River, Detroit 23
Haitinger, K. S.....................22175 Thorofare, Grosse Isle
Haking, Leonard..............14014 E. 7 Mile Rd., Detroit 5
Halekas, G. Peter........21727 Mack Ave., St. Clair Shores
Hall, Arch H...10 Peterboro, Detroit 1
Hall, E. Walter (L)........14189 Rosemont Rd., Detroit 23
Hall, Ralph E..............................10 Peterboro St., Detroit 1
Hall Richard H.................474 Fisher Building, Detroit 2
Hall, Robt. J. (L)................6014 W. Fort St., Detroit 9
Hall, Winthrop D.................5237 Oakman Blvd., Dearborn
Hallen, Leonard J.........................1335 Nicolet Pl., Detroit 7
Hamburg, Robt. H.........1515 Dav. Whitney Bldg., Detroit
Hamburger, Albert C.............13345 W. McNichols, Detroit
Hamburger, Stuart W.......18400 Schaefer Hwy., Detroit 35
Hamil, Brenton M.............Henry Ford Hosp., Detroit 2
Hamilton Norman C..........300 W. McNichols Rd., Detroit 3
Hammer, Edwin J.................16616 Mack Ave., Detroit 24
Hammer, Roy W.............11455 E. McNichols, Detroit 35
Hammond, Arthur E..........1553 Woodward Ave., Detroit 26
Hammond, James L. (L)....1006 Morse St., Oceanside, Cal.
Handel, Jack E............................1800 Tuxedo, Detroit 6
Hank, Emil J.....................32316 Grand River, Farmington
Hansen, Fredk. E. (L)..................................18160 Birwood, W. Beverly Hills, Birmingham
Hansen, John W. (R)....................8877 Perrin Dr., Livonia
Hanyi, Karl.................................7645 Thornwood, Plymouth
Hardstaff, R. John (L)............648 Neff Rd., Grosse Pte. 30
Hardt, Barbara A. (A)........15867 Mansfield, Detroit 27
Hardy, Clarence M........................23019 Ecorse Rd., Taylor
Hardy, Geraldine M.........................18145 Mack, Detroit 24
Hardy, Warren G.........801 Dav. Whitney Bldg., Detroit 26
Harelik, Ely W.........Detroit House of Correction, Plymouth
Harkaway, Roman W.............19125 Van Dyke, Detroit 34
Harley, Garth H.....................451 Golfcrest Dr., Dearborn
Harley, Louis M.........4100 W. McNichols Rd., Detroit 21
Harm, Winfred B. (L)................16260 Cherrylawn Ave., Detroit 21
Harmon, Edwin L.................441 E. Jefferson, Detroit 26
Harmon, Walter, Jr..............2510 E. Davison, Detroit 12
Harper, Jesse T.........1252 Dav. Whitney Bldg., Detroit 26
Harrell, Voss (A)............1035 Oakwood Ave., Dearborn 7
Harrington, F. L.............14341 W. McNichols, Detroit 35
Harris, Harcourt G............9141 Dexter Blvd., Detroit 6
Harris, Harold H....................8011 W. Vernor Highway, Detroit 9
Harris, Ivor D............................1245 David Whitney Bldg., Detroit 26
Hart, Charles E.....................23845 Van Dyke, Centerline
Hart, John C.................................9341 Moffat, Detroit 13
Hartkop, Henry H.............20055 Mack Ave., Detroit 36
Hartquist, Robt. J.........................1495 Fort St., Wyandotte
Hartzell, John B.........7815 Jefferson Ave. E., Detroit 14
Hartzell, John M.........................7815 E. Jefferson, Detroit 15
Hasley, Clyde K. (L)......................2320 N. LaSalle Gardens, Detroit 6
Hasley, Danl. E. (R)............16512 Shaftsburg, Detroit 19
Hassett, Gerard R.......................St. Marys Hospital, Livonia
Hassig, Walter W.....................20914 Kelly, East Detroit
Hastings, Orville J.............15744 Harper Ave, Detroit 24
Haszczyc, Vladimir A.....................3329 Yemana, Detroit 7
Hathaway, Hubert R. (A)...............154 Englewood Rd., Springfield, Ohio
Haubrich, Wm. S.................Henry Ford Hosp., Detroit 2
Hause, Glen E.................18520 Grand River, Detroit 23
Hauser, I. Jerome...................7411 Third Ave., Detroit 2
Hauser, John E.........................405 Northland Med. Bldg., Southfield
Hauser, Maurice J. (A)........7411 Third Ave., Detroit 2
Havers, Howard (L)...........271 Kenwood Ct., Detroit 36
Hawkins, James W. (L)....................3885 Prudence Drive, Sarasota, Fla.
Hayden, Royal C., Jr.........................Henry Ford Hospital, Detroit 2
Hayes, Allen L.....................17563 Greenfield, Detroit 35
Hazen, Roy S.........20526 Grand River Ave., Detroit 19
Heath, Leonard P.............1553 Woodward Ave., Detroit 26
Heavner, Lyle E.................119 Kercheval, Grosse Pointe 36
Hecht, Manes S.................25717 Coolidge, Oak Park 37
Heenan, Theophilus H.....................1553 Woodward Ave., Detroit 26
Heideman, Louis E.............20211 Greenfield Rd., Detroit 35
Heil, Edward R.....................19190 Greenfield, Detroit 35
Heins, Marilyn.........................747 Lakeland, Grosse Pte. 30
Heldt, Richard F.................1951 Monroe Blvd., Dearborn
Heldt, Thos. J. (L)........2799 W. Grand Blvd., Detroit 2
Helman, Norman.........15001 W. Eight Mile Rd., Detroit 35
Hendelman, Manuel H.................17141 Hayes, Detroit 5
Henderson, Allison B.........9041 Dexter Blvd., Detroit 6
Henderson, Arthur B. (L)......................10452 Mack Ave., Detroit 14
Henderson, Chas. W.........20905 Greenfield Rd., Southfield
Henderson, Frederic C.............18101 E. Warren, Detroit 24
Henderson, Harold (L)....................20905 Greenfield Rd., Southfield
Henderson, Hugh W.............18101 E. Warren, Detroit 24
Henderson, Leslie T. (L)........14814 E. Warren, Detroit 15
Henderson, Wm. E. (L)........9341 Chalmers, Detroit 13
Henig, Fred N.........7605 W. Seven Mile Rd., Detroit 21
Henkin, Raymond.........................17228 Shervilla, Southfield
Henkin, Wm. A.....................18215 Greenfield, Detroit 35
Hennessey, Alan T.....................Grace Hospital, Detroit 35
Henrich, Laurence E...........2501 W. Grand Blvd., Detroit 8
Henry, Robert C...........................16127 Baylis, Detroit 21
Herbst, Harold B.....................20482 Ardmore, Detroit 35
Hergt, Klaus.....................30320 Pondsview Dr., Franklin
Herrold, Rose E.............1277 E. Grand Blvd., Detroit 11
Herschelmann, Roy F.........3343 Gratiot Ave., Detroit 7
Hertzler, Jack H.............3011 W. Grand Blvd., Detroit 2
Herwick, John T.............2799 W. Grand Blvd., Detroit 2
Hess, Joseph W.............................Harper Hospital, Detroit 1
Hess, Murray W.........................23860 Seneca, Oak Park 37
Heyman, Louis F.........................19009 W. Seven Mile Rd., Detroit 19
Heyner, C. S.................28 W. Adams Avenue, Detroit 26
Heyner, Stanley A...............3424 Oakman Blvd., Detroit 4
Hickey, Jos.........................23100 Cherry Hill, Dearborn
Hicks, Fredk. G.....................1000 Westwood, Birmingham
Hildner, Frank J. (A).............16840 Monica, Detroit 21
Hill, Edward J., Jr.......208 David Whitney Bldg., Detroit 26
Hill, Raymond D.................14551 Southfield, Allen Park
Hill, Welford T...............................6303 Mack Ave., Detroit
Hillenberg, Sidney J.........19350 W. 7 Mile Rd., Detroit 19
Hiller, Glenn I.............13700 Woodward Ave., Detroit 3
Hillyer, John W.............26151 Huron River Dr., Flat Rock
Hilton, Wm. E. (L).....................5013 Harding, Detroit 13
Himmelhoch, A. J.................19220 Kingston Rd., Detroit
Hinchman, D. F.....................27459 Five Mile Rd., Livonia
Hipps, Chauncey J..........2605 West Grand Blvd., Detroit 8
Hirsch, Leo J.....................15800 W. McNichols, Detroit 35
Hirsch, Lore...................................212 S. Melborn, Dearborn
Hirschfeld, A. H.....................829 Fisher Bldg., Detroit 2
Hirschman, Louis J. (L)..........................2619 Munson Ave., Traverse City
Hoagland, F. L. (A)........716 E. Grand Blvd., Detroit 7
Hobbs, Donald V.................................27305 Southfield Rd., Lathrup Village
Hochman, Morton M.........16633 Plymouth Rd., Detroit 27

Hodges, Jason....................26401 Harper, St. Clair Shores
Hodgkinson, Chas. P....................17546 Meadwood Ave., Lathrup Village
Hoffer, Thos............................5825 Allen Rd., Allen Park
Hoffman, Ben G.......................19545 Shrewsbury, Detroit 21
Hoffman, Edward A....................7615 W. Vernor Hwy., Detroit 9
Hoffman, Edwin S. (R)....................8106 E. Jefferson Ave., Detroit 14
Hoffman, Harry Y.........................15085 E. Seven Mile Rd., Detroit 5
Hoffman, Henry A.........10015 E. Outer Dr., Detroit 24
Hoffman, Louis............18203 Birchcrest Dr., Detroit 21
Hoffman, Milton C.................18555 E. Warren, Detroit 36
Hogikyan, Azat........16901 W. McNichols Rd., Detroit 35
Holdredge, Jean M.............3011 W. Grand Blvd., Detroit 2
Hollander, Abraham J.....................14327 Michigan Ave., Dearborn 2
Hollinger, F. Wayne........8265 Gen. Mtrs. Bldg., Detroit 2
Hollis, Henry B...........................6809 Sirena, Detroit 10
Holloway, Horace R.............12840 Linwood, Detroit 38
Holloway, Janet L.........................7430 Second, Detroit 2
Holmes, Geo. F.................14729 Champaign, Allen Park
Holstein, Arthur P.....................875 Balfour, Grosse Pte. 30
Holt, Chas. J., Jr...................1210 S. Oxford, Grosse Pte. 30
Holt, Henry T.............................5050 Cass St., Detroit 2
Homeister, Eugene A.....................12925 Pennsylvania Ave., Wyandotte
Honhart, Fred L. (L)...........................1405 Berkshire Road, Grosse Pointe 30
Hopkins, Andrew J.........10149 Michigan Ave., Dearborn
Hopkins, Scovell M.........910 Dav. Broderick Twr., Detroit
Horkins, Earl J.................10963 Farmington Rd., Livonia
Horn, Robt. C., Jr..................2799 W. Grand Blvd., Detroit 2
Hornbeck, Robert J..........31500 Schoolcraft Rd., Livonia
Horny, Hugo O.................619 Barrington Rd., Detroit 30
Horton, Reece H.........606 Northland Med. Ctr., Southfield
Horvath, James J.............1553 Woodward Ave., Detroit 26
Horvitz, Victor S.................18400 Schaefer Hwy., Detroit 35
Hoski, A. Joseph....................................3919 John R., Detroit
Hotchkiss, Loris M....................33220 W. 7 Mile, Livonia
Howard, Philip J.................Henry Ford Hosp., Detroit 2
Howard, William K....................1800 Tuxedo, Detroit 6
Howell, Bert F.................10800 Whittier Rd., Detroit 24
Howell, James T..................2799 W. Grand Blvd., Detroit 2
Howes, Homer A.........1515 Dav. Whitney Bldg., Detroit 26
Howlett, Howard T.....................868 Fisher Bldg., Detroit 2
Hoyos, Pedro G......................1401 Rivard St., Detroit 7
Hoyt, Charles N....................5475 Woodward Ave., Detroit 2
H'Romadko, Louis (L)............1075 Fisher Bldg., Detroit 2
Hubbard, John P., Jr.....14620 E. Seven Mile Rd., Detroit 5
Huber, Philip J.................................1724 Bassett, Royal Oak
Hudson, J. Stewart (L).....................17443 E. Jefferson Ave., Grosse Pointe 30
Hudson, Wm. A. (L)........502 S. Pine St., Harrison, Ark.
Hudspeth, E. Rae....................753 Fisher Bldg., Detroit 2
Huegli, Wilfred A.........16840 E. Warren Ave., Detroit 24
Huggins, H. Horne........................8355 Gratiot, Detroit 13
Hughes, Calvin H......................19959 Vernier, Harper Woods
Hughett, Arthur J....................19959 Vernier, Harper Woods
Hulick, Archie G......................4420 Springer, Royal Oak
Hull, Leroy W. (L)....................6364 Cowell Rd., Brighton
Hullerman, Hugo V.............Childrens Hospital, Detroit 2
Hume, H. Ross, Jr.................1553 Woodward, Detroit 26
Huminski, Thaddeus S.....................19244 Van Dyke Ave., Detroit 34
Hummel, Arthur R.........1020 3 Mile Dr., Grosse Pointe 30
Hunt, Theodore H.........19431 Van Dyke Ave., Detroit 34
Hunt, Verne G.............1553 Woodward Ave., Detroit 26
Hunter, Donald G.................3245 E. Jefferson, Detroit 17
Hunter, Robert B.................Henry Ford Hosp., Detroit 2
Husband, Chas. W. (L)........14500 W. McNichols, Detroit
Husband, Raymond C.....................14500 W. McNichols, Detroit 35
Hutchins, M. Colton............3011 W. Grand Blvd., Detroit 2
Hyatt, Jarvis M.............22340 Michigan Ave., Dearborn
Hyde, Fredk. W., Jr.........................Grace Hospital, Detroit 1
Hyland, John R..............................17200 Mack, Detroit 24
Hysni, Aliqemal............8031 W. Vernor Hwy., Detroit 9

Iacobell, Peter H.................19300 Van Dyke, Detroit 34
Iacobellis, M....................22159 W. Outer Drive, Dearborn
Iglesias, Luis J....................20211 Greenfield, Detroit 35
Igna, Eli J.........................2799 W. Grand Blvd., Detroit 2
Ignagni, Antonio.................275 W. Grand Blvd., Detroit 16
Indenbaum, Samuel............18400 Schaefer Hwy., Detroit 35
Ine, Myung Yul..........................1800 Tuxedo, Detroit 6
Ingberg, Harry O............................261 Brady, Detroit 1
Irvin, Earle A....................Ford Motor Co. American Rd., Dearborn
Irwin, Wm. A.................2500 W. Grand Blvd., Detroit 8
Isaacson, Arthur (L)............18989 San Juan, Detroit 21
Isaacson, Harold E.............15361 Plymouth Rd., Detroit
Isaacson, Jo D.............26008 Pembroke, Huntington Wds.
Israel, Barney B..................663 Fisher Bldg., Detroit 2
Israel, Kenneth.................10607 W. 7 Mile Rd., Detroit 21
Itkin, H. David..(Address Unknown)
Iwata, Herbert T.................7611 Patton Ave., Detroit 28
Izner, Sanford M.................17500 Schaefer Hwy., Detroit 35

Jacknow, David.........................60 W. Hancock, Detroit 1
Jackson, Lawrence E.....................3710 Sturtevant, Detroit 6
Jacobs, Howard....................18241 Greenfield, Detroit 35
Jacobson, Lyle F.................5224 St. Antoine, Detroit 2
Jacobson, Saml. D.............Wayne Co. Genl. Hosp., Eloise
Jacobus, Wayne N.............20055 Mack Ave., Grosse Pte. 36
Jaeger, Grove A.......................11711 Minden, Detroit 5
Jaekel, Clarence N.............1086 E. Grand Blvd., Detroit 7
Jaffar, Donald J.......................671 Fisher Building, Detroit
Jaffe, Harold W.........1706 David Whitney Bldg., Detroit 26
Jaffe, Jacob...................2211 Woodward Ave., Detroit 1
Jaffe, Julius L.....................7463 Harper Ave., Detroit 13
Jaffe, Louis...............................18662 Muirland, Detroit 21
Jahsman, Wm. E. (R)...............................1410 Sunset Dr., Clearwater, Fla.
Jakacki, Richard Wm....................36157 Sherwood, Livonia
Jakobovits, Thomas................15361 Plymouth, Detroit 27
James, Thomas N.................Henry Ford Hosp., Detroit 2
Jamieson, Thos. J.................1310 Warwick, Lincoln Park
Janicki, Natalia J......................................Eloise Hosp., Eloise
Jarkowski, T. L.............................Harper Hospital, Detroit 1
Jarre, Hans A. (L).........................Grace Hospital, Detroit 1
Jarvis, Harold F...........................360 Moross, Detroit 36
Jasion, Lawrence J. (A)............11945 Payton, Detroit 24
Jaslow, Robt. I..........Plymouth St. Trng. Sch., Northville
Jaynes, Richard V.................29901 Ford Rd., Garden City
Jeffries, Benj.....................16321 Mack Ave., Detroit 24
Jend, Wm., Jr........................1365 Cass Ave., Detroit 26
Jend, Wm. J. (L)............12781 E. Outer Dr., Detroit 24
Jenkins, Elwood A.....................1102 Dav. Whitney Bldg., Detroit 26
Jennings, Chas. G.................17700 Mack Ave., Detroit 24
Jensen, Viggo W.......................532 Lincoln Rd., Detroit 30
Jeremias, Robt. C.................17563 Greenfield, Detroit 35
Jevons, William H.........8425 Twelve Mile Rd., Warren
Jewell, F. C...........................159 Kercheval Ave., Detroit 36
Jewell, John S.............2021 Monroe, Suite 203, Dearborn
Jewell, Marvin R.................Childrens Hospital, Detroit 2
Jocz, Marion W......................945 Trombley Rd., Detroit 30
Jodar, Emery O.................15760 Mack Ave., Detroit 24
Jodar, Loyal W.................18412 Mack, Grosse Pointe 36
John, Hubert R. (L)............20905 Greenfield, Southfield
Johnson, Aran S...........1462 Hollywood, Grosse Pte. Wds. 30
Johnson, Arthur J.........Henry Ford Hospital, Detroit 2
Johnson, Gage (A)............3395 Scranton, Cleveland, Ohio
Johnson, Homer L.........2799 W. Grand Blvd., Detroit 2
Johnson, Ralph A.............7815 E. Jefferson Ave., Detroit 14
Johnson, Simon O..................Cadillac Sq. Bldg., Detroit 26
Johnson, Thos. D.............18530 Grand River, Detroit 23
Johnson, Verne E..................2051 Monroe Ave., Dearborn
Johnson, Vernon P................................21327 Harper Ave. St. Clair Shores
Johnson, Wilbur E.....................14654 Gratiot, Detroit 5
Johnson, Wm. H. M. (L)......................7157-63 Michigan, Detroit 10
Johnston, Everett V.........30130 Bristol Lane, Birmingham
Johnston, Herbert C.....................3001 Miller Rd., Dearborn
Johnston, John L. (A)................1950 W. McNichols Rd., Detroit 3
Johnston, Jos. A.................Henry Ford Hosp., Detroit 2
Johnston, Wm. E.............3011 W. Grand Blvd., Detroit 2
Johnstone, Benj. I.................555 Fisher Bldg., Detroit 2
Joinville, Euclide V. (L)........1202 Stroh Bldg., Detroit 26
Jones, Adrian R.................15309 Mack Ave., Detroit 24

Jones, Arnold M.........3706 Sturtevant, Detroit 6
Jones, G. Richard.........18412 Mack Ave., Detroit 36
Jones, Roy D.........10234 Puritan Ave., Detroit 38
Jones, Wm. J.........8209 Allen Rd., Allen Park
Joos, Thad H.........20867 Mack, Grosse Pte. Woods
Jordan, Prescott, Jr.........5224 St. Antoine, Detroit 2
Jordan, R. Gerald.........12410 Van Dyke, Detroit 34
Joseph, Ramon R.........Wayne Co. Gen. Hospital, Eloise
Joyce, Stanley J.........1078 Fisher Bldg., Detroit 2
Joyrich, Myron H.........Sinai Hospital, Detroit 35
Juliar, Benj.........17305 Muirland Ave., Detroit 21
Jungwirth, R. V.........19350 W. McNichols Rd., Detroit 19

Kackley, James E.........18495 Mack, Detroit 36
Kain, Thomas R.........1400 Chrysler Exp. Way, Detroit 7
Kaine, Henry D.........3011 W. Grand Blvd., Detroit 2
Kalayjian, Bernard S.........30676 Harlincin Ct., Franklin
Kalichman, Nathan.........18440 Livernois, Detroit 21
Kallenbach, Rudolf W.........388 Inkster Rd., Inkster
Kallet, Herbert I.........651 Fisher Bldg., Detroit 2
Kallet, Maerit B.........1800 Tuxedo, Detroit 6
Kallman, David (L).........2351 W. Grand Blvd., Detroit 8
Kallman, Leo.........2351 W. Grand Blvd., Detroit 8
Kallman, Reuben R.........2631 Woodward Ave., Detroit 1
Kamil, Richard S.........14438 McNichols, Detroit 35
Kaminski, Zeno L. (L).........3510 24th St., Detroit 8
Kandel, Robert F.........Henry Ford Hospital, Detroit 2
Kane, Archibald V.........2500 W. Grand Blvd., Detroit 8
Kansa, Selma.........19431 Van Dyke, Detroit 34
Kapetansky, A. J.........1728 Clairmount, Detroit 6
Kapetansky, Don I.........18400 Schaefer, Detroit 35
Kapetansky, Nathan J.........1728 Clairmount, Detroit 6
Kaplita, Walter A.........60 Fontana Lane, Grosse Pte. Shores
Karamatas, Philip C.........13244 W. Warren, Dearborn
Karch, Saul.........18080 Muirland, Detroit 21
Kasabach, Harry Y.........1553 Woodward Ave., Detroit 26
Kasabach, Vahram Y.........1814 Book Tower, Detroit 26
Kashtan, Harry A.........17300 Schaefer, Detroit 35
Kasper, Jos. A.........19953 Clairview Ct., Detroit 36
Kaspor, Albert J.........20901 Moross Rd., Detroit 36
Kass, Arnold.........1316 David Stott Bldg., Detroit 26
Katz, Lawrence.........987 E. Jefferson, Detroit 7
Katz, Martin.........7300 Harding, Taylor
Katzman, Harold L.........412 Fox Bldg., Detroit 1
Katzman, Irving S.........412 Fox Bldg., Detroit 1
Kaufman, Jack H.........10234 W. 7 Mile Rd., Detroit
Kaufman, Louis W.........10326 W. Seven Mile, Detroit 21
Kaufman, William H.........10149 Michigan Ave., Dearborn
Kawchak, James.........Ford Motor Co., Dearborn
Kawecki, Lucian.........10734 Hart Ave., Huntington Woods
Kawel, Conrad A., Jr.........10955 Farmington Rd., Livonia
Kazdan, Morris.........4619 Allen Rd., Allen Park
Keating, Thos. F. (L).........18675 Gainsborough, Detroit 23
Kehoe, Henry J.........15252 Gratiot Ave., Detroit 5
Keith, Kelly.........106 W. Davison Ave., Highland Park 3
Keith, Rachel H. C. B.........5353 Joy Rd., Detroit 4
Kelley, Frank J.........3919 John R. St., Detroit
Kelly, A. P., Jr.........Henry Ford Hosp., Detroit 2
Kelly, John J.........14729 Champaign, Allen Park
Kelly, L. J.........14015 Gratiot, Detroit 5
Kelmenson, Victor A.........7356 12th St., Detroit 6
Kelson, Malcolm J.........1045 Harvard, Detroit 30
Kennary, James M.........4900 Cadieux Rd., Detroit 24
Kennary, James M., Jr.........4900 Cadieux Rd., Detroit 24
Kennedy, Chas. S. (L).........10 Peterboro St., Detroit 1
Kennedy, Donald J.........27030 Kingswood Dr., Dearborn
Kenning, John C. (A)..5703 LaJolla Hermosa, LaJolla, Cal.
Kermath, James E.........15101 Southfield, Allen Park
Kernick, Melvin O.........13700 Woodward Ave., Highland Park 3
Kernkamp, Ralph F. (L).........10 Witherell, Detroit 26
Kerwin, George R.........15324 James, Oak Park
Kessel, Karl J.........18031 Kelly Rd., Detroit 24
Kessler, Chas.........18241 Greenfield, Detroit 35
Keyes, John W.........Henry Ford Hosp., Detroit 2
Killins, Chas. G.........8100 E. Jefferson, Detroit 14
Kimberlin, K. K., Jr.........11110 Morang Dr., Detroit 24
King, Edward D. (L).........270 Rivard Blvd., Grosse Pte. 30
King, Melbourne J.........5435 W. Vernor Hwy., Detroit 9
King, Robert R.........261 Brady St., Detroit 1
Kingswood, Roy C.........1078 Fisher Bldg., Detroit 2
Kinsley, George.........15105 W. Seven Mile Rd., Detroit 35
Kitzmiller, John L.........15800 W. McNichols Ave., Detroit 35
Klaiber, Roger G.........1541 Edsel Dr., Trenton
Klein, Herman.........24030 Marlow St., Oak Park
Klein, Howard A.........1846 Dav. Whitney Bldg., Detroit 26
Klein, Sander P.........14825 W. McNichols Rd., Detroit 35
Klein, Wm.........13965 Linwood, Detroit 38
Kleinman, Shmarya (L).........1800 Tuxedo, Detroit 6
Kliger, David.........7756 Southfield, Detroit 28
Klimchuk, M. M.........22770 Kelly Rd., East Detroit
Kling, George A.........Harper Hospital, Detroit 1
Kling, Murray G.........18400 Schaefer Hwy., Detroit 35
Klosowski, Jos.........8222 E. Outer Dr., Detroit 13
Kluck, Clarence J.........25210 Grand River, Detroit 40
Klutke, Geo. H. E.........2841 Monroe, Dearborn
Knaggs, Earl J.........2387 Fort St., Wyandotte
Knapp, Floyd B. (R).........16565 Birwood, Detroit 27
Knapp, Gary H.........23611 Goddard, Taylor
Knapp, Gordon R. (R).........422 W. Goldengate, Detroit 3
Knapp, Wm. L.........20100 W. McNichols Rd., Detroit 19
Knighton, Robt. S.........2799 W. Grand Blvd., Detroit 2
Knights, Edwin M., Jr.........2500 W. Grand Blvd., Detroit 8
Knobloch, Edmund J.........5933 Chene St., Detroit 11
Knox, Ross M.........3180 Fort St., Lincoln Park
Kobernick, Sidney D.........6767 W. Outer Dr., Detroit 35
Kobiljak, Stefan H.........3516 Fort St., Lincoln Park
Koebel, Raymond H.........640 Bedford Lane, Grosse Pointe 30
Koek, Hendrik J.........23100 Cherry Hill, Dearborn
Koerber, Edward J.........4876 Lakeview Ave., Detroit 15
Kogut, Constantine S.........10627 Puritan, Detroit 38
Kokowicz, Raymond J.........19440 Van Dyke, Detroit 34
Kolman, Isadore I.........1800 Tuxedo, Detroit 6
Komisaruk, Richard.........1025 E. Forest, Detroit 7
Kopmeyer, Joe M., Jr.........17632 Grandville, Detroit 19
Koran, Valentine L.........1306 Kales Bldg., Detroit 26
Koren, Louis.........1300 Cadillac Sq. Bldg., Detroit 26
Korum, Lyle W.........18585 E. Warren St., Detroit 36
Koschnitzke, H. K.........15101 Southfield, Allen Park
Kossayda, Adam W.........15324 Michigan Ave., Dearborn
Kovach, Emery P.........9750 Chalmers, Detroit 13
Kovan, Dennis D.........16965 Hamilton Ave., Highland Park 3
Kowaleski, John J.........12789 Veronica, Southgate
Kozlinski, Anthony E.........2195 E. Grand Blvd., Detroit 11
Krabbenhoft, K. L.........3825 Brush St., Detroit 1
Kraft, Ruth M.........19164 Devonshire Rd., Birmingham
Krakauer, Bernard.........18424 W. McNichols Rd., Detroit 19
Krass, Edward W.........11088 Gratiot Ave., Detroit 13
Kraus, John J.........16840 E. Warren Ave., Detroit 24
Krawec, Charles J.........Mt. Carmel Mercy Hosp., Detroit 35
Krebs, Wm. T.........16419 E. Warren Ave., Detroit 24
Kreinbring, Geo. E.........14295 E. 7 Mile Rd., Detroit 5
Kretzschmar, John C.........660 E. Grand Blvd., Detroit 7
Krevsky, David A.........8461 Park Ave., Allen Park
Krevsky, Harold.........8461 Park Ave., Allen Park
Krieg, Earl G.........85 Kercheval Ave., Grosse Pte. Farms
Krieger, Harley L. (R).........11390 Strathmoor, Detroit 27
Krieger, Harvey.........954 Fisher Bldg., Detroit 2
Krieger, Ingeborg (A).........13112 Ladlow, Huntington Wds.
Kritchman, Maurice J.........10 Witherell St., Detroit 26
Kroha, Lawrence A.........15124 Kercheval Ave., Detroit 30
Krohn, Lawrence H.........24340 W. McNichols Rd., Detroit 19
Kroll, Harvey V.........7815 E. Jefferson, Detroit 14
Krynicki, Francis X.........15101 W. 7 Mile, Detroit 35
Krystal, Henry.........19210 Coyle, Detroit 35
Kubanek, Jos. L.........23134 Myrtle, Dearborn
Kucmierz, Francis S.........18934 Van Dyke Ave., Detroit 34
Kuehn, Ned N.........20203 Wellesley Blvd., Birmingham
Kuhn, Albert A.........635 W. Seven Mile Rd., Detroit 3
Kuhn, Henry H.........635 W. Seven Mile Rd., Detroit 3
Kuhn, Richard F.........1700 Junction Ave., Detroit 9
Kujawski, Walter F.........16840 E. Warren, Detroit 24
Kulaski, Chester H.........9309 Joseph Campau Ave., Detroit 12
Kullman, Harold J.........Vet. Admin. Hosp., Dearborn
Kuran, Lionel V.........14853 Michigan, Dearborn
Kurcz, Jos. A.........7433 Michigan Ave., Detroit 10
Kurtz, Irvin J.........25210 Grand River, Detroit 40
Kurtzman, Raymond S.........Detroit Memorial Hosp., Detroit 26
Kutsche, John D.........3794 Fort St., Trenton
Kvietys, Benj.........27235 Joy Rd., Dearborn
Kwasiborski, S. A.........2300 Oak St., Wyandotte

Laberge, James M.........100 Oak, Wyandotte

Lackey, Lawrence S.......525 Visger, Ecorse
Laderach, David C.......1704 Iroquois, Detroit 14
La Ferte, Alfred D. (L).......520 St. Clair, Grosse Pte 30
Laham, M. M.......2929 Fort St., Wyandotte
Lahood, Michael J.......20001 Greenfield, Detroit 35
Laige, Raymond J.......P.O. Box 1259, Detroit 31
Lajoie, Louis J.......601 Piquette, Detroit 2
Lakatos, George C.......33000 Palmer, Wayne
Lake, Robt. C.......8445 E. Jefferson, Detroit 14
Lakin, Alan C.......10326 W. Seven Mile Rd., Detroit 21
Lakin, Mervyn H.......17555 James Couzens, Detroit 35
Lakoff, Chas. B. (L).......10234 W. Seven Mile Rd., Detroit 21
Lam, Conrad R.......28130 Westbrook Ct., Farmington
Lamberson, Frank A.......19001 Grand River, Detroit 23
Lammy, James V.......748 Dav. Whitney Bldg., Detroit 26
Lamont, Richard L.......3815 Pelham Rd., Dearborn
Lamontagne, Gaetan.......14801 Southfield, Allen Park
Lampman, Harold H.......3011 W. Grand Blvd., Detroit 2
Landers, James W.......1401 Rivard, Detroit 7
Landers, Maurice B.......275 W. Grand Blvd., Detroit 16
Lang, Ernst F.......Harper Hospital, Detroit 1
Lange, Wm. A.......1041 Cadieux Rd., Grosse Pointe 30
Langston, John D.......1420 St. Antoine St., Detroit 26
Laning, Geo. M. (L).......R. D. Morey Rd., Sharon, Conn.
Lansing, Eugene H.......33020 Palmer Rd., Wayne
Lansky, Mandell.......16339 E. Warren, Detroit 24
Large, Alfred M.......701 Dav. Whitney Bldg., Detroit 26
Largo, Donald J.......16717 Warwick, Detroit 19
Larkin, Duane R.......28435 Plymouth, Livonia
Larned, Richard I.......15208 Bringard, Detroit 5
Larsen, Edward G.......1803 Trenton Dr., Trenton
Larsen, Robt. D.......76 W. Adams Ave., Detroit 26
Larson, Chas. J.......12729 Cunningham, Wyandotte
Larson, Francine S. (A).......18865 Haggerty Rd., Northville
Larsson, Bror H. (L).......81 E. Kirby Ave., Detroit 2
Lasichak, Andrew G.......76 W. Adams Ave., Detroit 26
Lasley, James W.......1014 David Whitney Bldg., Detroit 26
Latimer, Fredk. R.......28 W. Adams, Detroit 26
Latteier, Karl K.......968 Yarmouth, Birmingham
Lauppe, Edward H.......1553 Woodward Ave., Detroit 26
Lauppe, Fredk. A.......1553 Woodward Ave., Detroit 26
Laura, Albert L.......9105 Harrison, Livonia
Laurisin, Eugene (L).......16554 Muirland, Detroit 21
Lauter, Eric W.......1800 Tuxedo, Detroit 6
Lawand, Frank K.......1077 Fisher Bldg., Detroit 2
Lawhead, Nixon R. (L).......14110 Gratiot Ave., Detroit
Lawrence, Louis F.......17300 Schaefer Rd., Detroit 35
Lawson, James M.......2605 W. Grand Blvd., Detroit 8
Lawson, John W. (A).......98 Hazelwood Ave., Detroit 2
Lazar, Morton R.......20905 Greenfield, Southfield
Leach, David.......3011 W. Grand Blvd., Detroit 2
Leach, Robt. B.......1401 Rivard St., Detroit 7
Leach, Wendell L.......10811 E. Warren, Detroit 1
Leacock, Robt. C.......440 University Pl., Grosse Pointe 30
Leader, Luther R.......801 S. Adams, Birmingham
Leaver, L. Ross.......757 Lakewood Ave., Detroit 15
Lebamoff, Alexander T.......7940 Allen Rd., Allen Park
Lechner, Monroe S.......22770 Kelly Rd., East Detroit
Lecklider, A. F. (R).......848 Berkshire Rd., Grosse Pte 30
Lee, Edith J.......2424 Puritan, Detroit 21
Lee, Frank.......501 Meadowlane Dr., Dearborn
Lee, Harry E. (L).......13616 Gratiot Ave., Detroit 5
Lee, Pyong Tai.......26559 Grand River, Detroit 40
Lehmann, Robert N.......26029 W. Five Mile Rd., Detroit 39
Leipsitz, Louis S.......3566 Cass Ave., Detroit 1
Leiter, Forrest C.......2355 Monroe, Dearborn
Leithauser, Danl. J. (L).......18412 Mack, Detroit 36
Leland, Solomon.......6563 Grand River, Detroit 8
Lemley, Clark F.......3011 W. Grand Blvd., Detroit 2
Lemmer, John A.......6609 Van Dyke, Detroit 13
Lemmon, Chas. E. (L).......1337 Dav. Whitney Bldg., Detroit 26
Lemon, Bruce K.......20905 Greenfield, Southfield
Lentine, James J.......15831 Mack Ave., Detroit 24
Lenz, Willard R.......418 Moran Rd., Detroit 36
Lenzo, Joseph E.......951 E. Lafayette, Detroit 7
Lepard, Cecil W.......1553 Woodward Ave., Detroit 26
Lepley, Fred O. (L).......19799 Mack Ave., Grosse Pte. Wds.
Lepley, Frederick J.......19803 Mack, Grosse Pte. 36
Lerman S. I.......18330 Parkside, Detroit 21
Lerner, Leonard H.......7310 W. Seven Mile Rd., Detroit 21
Lesesne, John M.......17700 Mack Ave., Grosse Pointe 24
Leslie, C. G.......8401 Woodward, Detroit 2
L'Esperance, Simon P. (R).......Rt. 3, Woodslee, Ont., Canada
Lessem, David.......12759 Vernon, Huntington Woods
Leszynski, Jos. S. (L).......10 Peterboro St., Detroit 1
Leucutia, Traian (L).......10 Peterboro, Detroit 1
Levagood, Floyd B.......14056 Artesian, Detroit 23
Levant, Arthur B.......15715 E. Warren, Detroit 24
Levenson, Malcolm L.......24500 Curtis, Southfield
Leventer, Ira.......20211 Ann Arbor Trail, Dearborn
Levick, Walter G.......19959 Vernier, Harper Woods
Levin, David M. (A).......6901 E. 3rd St., Tucson, Ariz.
Levin, Herbert G.......17300 Schaefer, Detroit 35
Levin, M. Mitchel.......20905 Greenfield, Southfield
Levin, S. J.......3011 W. Grand Blvd., Detroit 2
Levine, Edward E.......12891 Sherwood, Huntington Woods
Levine, Sydney S.......8233 W. Chicago Blvd., Detroit 4
Levitt, Irving.......24535 N. Carolina, Southfield
Levitt, Nathan.......607 Kales Bldg., Detroit 26
Levy, David B.......29586 Fenkell, Livonia
Levy, Marvin B.......23200 Woodward Ave., Ferndale
Levy, Stanley H.......10601 Seven Mile Rd., Detroit 21
Lewin, Harry (L).......10 Peterboro, Detroit 1
Lewis, Benjamin M.......1401 Rivard, Detroit 7
Lewis, Chas. T. (L).......5050 Joy Rd., Detroit 4
Lewis, Harvey Y.......14434 W. McNichols Rd., Detroit 35
Lewis, J. Hugh.......1543 Ford Ave., Wyandotte
Lewis, Lee A.......2730 E. Jefferson Ave., Detroit 7
Lewis, Robt. H.......14807 W. McNichols, Detroit 35
Lewis, Wilfrid J.......10 Peterboro St., Detroit 1
Libbrecht, Robt. V.......6540 Park Ave., Allen Park
Lichter, Max L.......2900 Oakwood Blvd., Melvindale
Lichty, Dorman E.......7701 Wyoming, Dearborn
Liddicoat, Arthur G.......20125 Fenkell, Detroit 23
Lieberman, Barnard L.......19212 Woodward Ave., Detroit 3
Lightbody, James J.......1553 Woodward Ave., Detroit 26
Lignell, Rudolph W.......401 Northland Med. Bldg., Southfield
Lilly, Robert P.......29594 W. Five Mile Rd., Livonia
Lindner, David W.......801 Dav. Whitney Bldg., Detroit 26
Linkner, Leonard S.......12944 La Salle Lane, Huntington Woods
Lipinski, Stanley L.......7540 Michigan Ave., Detroit 10
Lipkin, Ezra.......5715 Michigan Ave., Detroit 10
Lipnik, Carl E.......31610 Plymouth Rd., Livonia
Lipnik, Morris J.......17000 W. Eight Mile, Southfield
Lipschutz, Louis S.......19750 Chesterfield Rd., Detroit 21
Lipson, Channing T.......16815 James Couzens, Detroit 35
Lipson, Madeleine L.......1800 Tuxedo, Detroit 6
Lipton, Raymond F.......10 Peterboro St., Detroit 1
Litsky, Abraham D.......1183 E. Grand Blvd., Detroit 11
Little, James W.......3637 Franklin Rd., Bloomfield Hills
Litwin, Jack A.......15121 W. McNichols Rd., Detroit 35
Litzenberger, D. J.......1386 E. Grand Blvd., Detroit 11
Livingood, Clarence S.......345 University, Grosse Pte. 30
Lloyd, James R.......1515 Dav. Whitney Bldg., Detroit 26
Lo, Lien Fu.......1800 Tuxedo, Detroit 6
Lockhart, Edward C.......5005 Tireman, Detroit 4
Lockwood, Bruce C. (L).......19490 Parkside Ave., Detroit 21
Lofstrom, James E.......1420 St. Antoine St., Detroit 26
Logrippo, Annie B.......Henry Ford Hosp., Detroit 2
Lohmann, Carl W.......1229 Dav. Whitney Bldg., Detroit 26
London, Berton L.......18510 Meyers, Detroit 35
Long, Earl C. (L).......19751 James Couzens Hwy., Detroit 35
Long, John J.......15901 Greenfield Ave., Detroit 27
Longo, Salvatore.......468 Cadieux, Detroit 30
Loomus, Gerald N.......4100 W. McNichols, Detroit 21
Lopatin, Reuben.......1800 Tuxedo, Detroit 6
Loranger, C. B. P.......20825 Mack, Detroit 36
Loranger, Guy L.......34 Moross Rd., Detroit 36
Lorber, Jos. H.......873 Lakewood Ave., Detroit 15
Lorentzen, Edwin H. (L).......11702 Grand River Ave., Detroit 4
Lovas, Wm. S.......6354 W. Fort St., Detroit 9
Love, Donald M.......703 Parker, Apt. 4, Detroit 14
Love, W. Thos.......231 E. Warren Ave., Detroit 1
Lowe, Adolf W.......3338 W. Davision Ave., Detroit 38
Lowinger, Paul L.......951 E. Lafayette, Detroit 7
Lowrie, Wm. L.......2799 W. Grand Blvd., Detroit 2
Luby, Elliot D.......19680 Roslyn Rd., Detroit 21
Lucas, Robert J.......771 Fisher Bldg., Detroit 2

Lui, Alfred H. F..................Wayne Co. Gen. Hospital, Eloise
Lumpkin, John G., Jr...........243 E. Warren Ave., Detroit 1
Lutz, Earl F.....................13 211 Gen. Mtrs. Bldg., Detroit 2
Lutz, Sherwin J.................15121 W. McNichols, Detroit 35
Luz, Denis A................Detroit Memorial Hosp., Detroit 26
Luzadre, John H.......................18430 Mack Ave., Detroit 36
Lynn, David H.........................Lynn Hospital, Lincoln Park
Lynn, Harvey D............................3815 Pelham Rd., Dearborn
Lytle, Robt. P...........402 Northland Med. Bldg., Southfield

Maben, Hayward C., Jr. (A)...................400 East 33rd St., Chicago, Ill.
Mabley, John D.................1037 David Whitney, Detroit 26
MacCraken, F. L. (A)....Dekoven Foundation, Racine, Wis.
MacDougall, Orrin P.........13700 Woodward Ave., Detroit 3
MacFarlane, Howard W.....1553 Woodward Ave., Detroit 26
MacGregor, Wm. W. (L)..6320 W. Surrey St., Birmingham
Mack, Harold C...................3011 W. Grand Blvd., Detroit 2
Mack, Robert E........................Woman's Hospital, Detroit 1
MacKenzie, Earl D.........................81 E. Kirby St., Detroit 2
MacKenzie, John W. (L)...........................289 Rivard Blvd., Grosse Pointe 30
Mackersie, Wm. G. (L)....18205 Roselawn Ave., Detroit 21
Mackler, Harry S..............................1800 Tuxedo, Detroit 6
MacLeod, Chas. W.............16345 W. McNichols, Detroit 35
Macmillan, Francis B.........1553 Woodward Ave., Detroit 26
MacPherson, K. C. (L)............8100 E. Jefferson, Detroit 14
MacQueen, Malcolm D. (L)................660 Woodward Ave., Detroit 26
Maczewski, John E...................24735 Van Dyke, Centerline
Mader, Ivan J.......26111 Woodward Ave., Huntington Wds.
Magnell, Ralph C...................8825 Puritan Ave, Detroit 38
Maguire, Clarence E.........1553 Woodward Ave, Detroit 26
Mahanti, Biresh C..................2331 Van Alstyne, Wyandotte
Mahlin, Murray S.............16820 Greenfield Ave., Detroit 35
Mahoney, Hugh M.............1553 Woodward Ave., Detroit 26
Maibauer, Fredk. P................2934 Biddle Ave., Wyandotte
Mainwaring, Rosser L.....................1910 Russell, Dearborn
Mainzer, Jacob.........................36475 Five Mile Rd., Livonia
Maire, Edward D...................15224 E. Jefferson, Detroit 30
Maitland, Ruth J.............Mich. Bell Telephone, Detroit 26
Majauskas, V. E.............................23738 Joy Rd., Detroit 39
Majzoub, Ahmad J..........................3334 Fort, Lincoln Park
Malina, Stephen..............................1601 Kirkway Dr., Rt. 3, Bloomfield Hills
Malje, Frank J...................Garden City Clinic, Garden City
Malone, John M..................17300 Schaefer Rd., Detroit 35
Malone, Robert J........................15101 Southfield, Allen Park
Maloney, John A....................670 Maccabees Bldg., Detroit 2
Maloney, Philip J...................16401 Grand River, Detroit 27
Maltzer, Jos. H..................26505 John R, Madison Heights
Mammel, Bernard T.....................14447 W. Seven Mile Rd., Detroit 35
Mandel, Leslie..............14444 W. McNichols Rd., Detroit 35
Mandell, Gerald H..........................Sinai Hospital, Detroit 35
Mandiberg, Jack N...........12700 W. 7 Mile Rd., Detroit 35
Mann, Andrew D...........................20901 Moross, Detroit 36
Manning, Morey H.........950 E. State Fair Ave., Detroit 3
Manson, Gordon.......................Henry Ford Hosp., Detroit 2
Mapletoft, Kenneth E.......................420 Mohawk, Dearborn
Marcus, Edwin L......................15101 Southfield, Allen Park
Marecki, Vincent J...................10326 W. Warren, Dearborn
Margules, Saul Z...................11846 E. McNichols, Detroit 5
Marinus, Carleton J. (L)....................1553 Woodward Ave., Detroit 26
Mark, Jerome..............513 David Whitney Bldg., Detroit 26
Markey, Alexander P.........14853 Michigan Ave., Dearborn
Markey, Frank R..........................17174 Fairfield, Detroit 21
Markoe, Rupert C. L...................7600 John R St., Detroit 2
Marks, Ben.................232 W. Grand River Ave., Detroit 26
Marks, Bert W...........8250 Lincoln Dr., Huntington Woods
Marsh, Alton R....................15696 Woodland Dr., Dearborn
Marshall, James R.........14827 E. Jefferson Ave., Detroit 15
Marshall, J. R., Jr...................20160 Mack Ave., Detroit 36
Martin, J. B., Jr.....................449 E. Elizabeth St., Detroit 1
Martin, Lyndle R..................2000 Second Blvd., Detroit 26
Martin, Peter A..........................857 Fisher Bldg., Detroit 2
Martin, Walter.........................17523 DeQuinder, Detroit 12
Martin, Wilbur C...............2536 W. Grand Blvd., Detroit 6
Martineau, Perry C................16709 Glastonbury, Detroit 19
Martinez, Pedro O..................1439 Bagley Ave., Detroit 16
Martmer, Edgar E.....693 Washington Rd., Grosse Pointe 30

Marvin, Robert C.........................1678 Marriman Rd., Wayne
Marwil, Thos. B..............17563 Greenfield Rd., Detroit 35
Mateer, John G. (L)..........Henry Ford Hospital, Detroit 2
Matthews, Burton V..............13724 W. Fort St., Southgate
Mattman, Paul E..........................1500 Seminole, Detroit 14
Mattson, Theo. M.................2730 Maybury Grand, Detroit
Mauch, Eugene W......................15101 Southfield, Allen Park
Mauthe, Harry G.......................16859 Pollyana Dr., Livonia
Maynard, Fredk. M.....................6828 Park Ave., Allen Park
McAlonan, William T. (L)........10 Peterboro St., Detroit 1
McAlpine, Gordon S. (L)....3011 W. Grand Blvd., Detroit 2
McBryan, Thos. J.................................Grace Hosp., Detroit
McCadie, James H............................13700 Woodward Ave., Highland Park 3
McCandless, Virginia.......................2355 Monroe, Dearborn
McCaughey, R. S...............Wayne St. University, Detroit 7
McClellan, Robt. J...............16345 W. McNichols, Detroit 35
McClelland, Rachel L.............33026 Five Mile Rd., Livonia
McClendon, James J...................8401 Woodward, Detroit 2
McClintock, John J. (L)..................16151 Schoolcraft Ave., Detroit 27
McClure, Robt. W...................9111 E. Outer Dr., Detroit 13
McClure, Wm. R. (L)..........Box 1498, Boynton Beach, Fla.
McCole, C. E.......................Henry Ford Hospital, Detroit 2
McColl, Chas. W.........................2025 Ford Ave., Wyandotte
McColl, Clarke M..............2799 W. Grand Blvd., Detroit 2
McCollum, E. Bert............1553 Woodward Ave., Detroit 26
McCord, Carey P. (L)....Sch. of Public Health, Ann Arbor
McCormick, Colin C...........24352 Rockford Ave., Dearborn
McCue, Francis B.......................6742 Park Ave., Allen Park
McCullough, L. E.....1711 David Whitney Bldg., Detroit 26
McDonald, Angus L. (L)................15125 Gratiot, Detroit 5
McDonald, John R...........................Harper Hosp., Detroit 6
McDonald, Wm. G..............15600 Michigan Ave., Dearborn
McEvitt, Wm. G.................1140 W. Boston Blvd., Detroit 2
McFayden, Hugh A. (L)............10 Peterboro St., Detroit 1
McGee, T. Manford..................................(Address Unknown)
McGillicuddy, W. E. (R)..............7542 Pinehurst, Dearborn
McGinnis, Kenneth D.........Henry Ford Hospital, Detroit 2
McGlaughlin, N. D...................2312 Biddle Ave., Wyandotte
McGough, Jos. M...................18716 Grand River, Detroit 23
McGuire, John F.......610 Northland Med. Bldg., Southfield
McHenry, John T...........................1401 Rivard St., Detroit 7
McIntosh, Robt. D.....................6307 W. Fort St., Detroit 9
McIntyre, Wm. B.....1145 David Whitney Bldg., Detroit 26
McKean, G. Thos..............1553 Woodward Ave., Detroit 26
McKeever, Geo. E.................5237 Oakman Blvd., Dearborn
McKenna, Chas. J.........................14618 E. 7 Mile, Detroit 5
McKnight, Robt. E.....................20905 Greenfield, Southfield
McLane, Harriet I. E. (L)......4350 Oregon Ave., Detroit 4
McLaurin, Jasper E.................9036 Dexter Blvd., Detroit 6
McLean, Brita R...................................1365 Cass, Detroit 26
McLean, Don W.........................1066 Fisher Bldg., Detroit 2
McLean, Donald C.............................10 Peterboro, Detroit 1
McNamara, Joseph M........................9430 S. Main, Plymouth
McNeill, Roger F.....................119 Kercheval, Grosse Pointe
McNichol, L. J...........18424 W. McNichols Rd., Detroit 19
McPhee, Roderick T..............21503 Harper, St. Clair Shores
McPherson, Robt. J. (L)......12626 Meyers Rd., Detroit 27
McQuiggan, Mark R..............................700 Seward, Detroit 2
Medalie, Morris......................................1800 Tuxedo, Detroit 6
Meek, Stuart F..........................13020 Kilbourne, Detroit 13
Meghnot, Parviz...................................1800 Tuxedo, Detroit 6
Melander, L. W., Jr.....................1229 David Whitney Bldg., Detroit 26
Mellen, Hyman S.....................16800 Greenfield, Detroit 35
Mellinger, Raymond C...........959 Pemberton, Grosse Pointe
Melnik, Maxim P..............3011 W. Grand Blvd., Detroit 2
Melnyczuk, Nestor...........................7304 Michigan, Detroit 10
Menagh, Frank R. (L)........4010 Columbus Ave., Detroit 4
Mendelson, Charles G.........Henry Ford Hospital, Detroit 2
Mendelson, Herbert..............15200 Northfield, Oak Park 37
Mendelssohn, Reuben J.............14427 Mack Ave., Detroit 15
Mendians, Edgar V...................9486 Beaconsfield, Detroit 24
Mendoza, Saml...6356 Michigan, Detroit
Menton, Norman J.............15300 W. McNichols, Detroit 35
Merkel, Chas. C...85 Kercheval Ave., Grosse Pointe Farms
Merkle, Karl.................................530 N. Telegraph, Dearborn
Merrill, C. R., Jr...................................1951 Monroe, Dearborn
Merritt, Earl G............................10 Peterboro St., Detroit 1

Mersky, Charlotte I. (A)....32215 Queensboro, Farmington
Metes, John S................62 Webber Pl., Grosse Pointe Shores
Metzger, Harry C.........25504 Wareham, Huntington Woods
Meyer, Eugene (A)..............17041 Pinecrest Dr., Allen Park
Meyer, John S.........................Wayne State Univ., Detroit 7
Meyer, Kenneth R.........................Oakwood Hosp., Dearborn
Meyers, Marjorie P......................5320 John R St., Detroit 2
Meyers, Maurice P.....................18984 Livernois, Detroit 21
Meyers, Solomon G.....................966 Fisher Bldg., Detroit 2
Michael, Michael J.................703 Mutual Bldg., Detroit 26
Mihay, Benjamin................................2021 Monroe, Dearborn
Mikesell, W. B., Jr...............................23611 Goddard, Taylor
Milad, Avis A.............15121 W. Seven Mile Rd., Detroit 35
Mileris, Vytautas.............2730 E. Jefferson Ave., Detroit 7
Millard, Glenn E.............................958 Fisher Bldg., Detroit
Miller, Danl. H.........................23100 Cherry Hill, Dearborn
Miller, Elmer B.....................20 Oxford Rd., Pleasant Ridge
Miller, Jacob J...................20131 James Couzens, Detroit 35
Miller, J. Martin................2799 W. Grand Blvd., Detroit 2
Miller, Karl L...................1553 Woodward Ave., Detroit 26
Miller, Myron H.......27330 Southfield Rd., Lathrup Village
Miller, Oscar W.........................Fleetwood Plant, FBD, GMC, Detroit 9
Miller, Thos. H.........1305 David Whitney Bldg., Detroit 26
Miller, Wm. E. (L)...........................10 Peterboro, Detroit 1
Miller, William J...................5649 Inkster Rd., Garden City
Millman, Jerome I.....................St. Mary's Hospital, Livonia
Mills, Clinton C.........16190 Jas. Couzens Hwy., Detroit 21
Mills, Geo. R.................................8209 Allen Rd., Allen Park
Milton, S. Byron............26560 W. Outer Dr., Lincoln Park
Mintz, Edward I..........................954 Fisher Bldg., Detroit 2
Mintz, Morris J.....................16895 Livernois St., Detroit 21
Minui, Morteza..1144 Carlson, Wayne
Miral, Solomon P...........4825 E. McNichols Rd., Detroit 12
Mishelevich, Sophie (L)......4651 E. Nine Mile Rd., Warren
Miskinis, Martyna................393 W. Grand Blvd., Detroit 16
Missavage, Edward, Jr...........Wayne Co. Gen. Hosp., Eloise
Mitchell, A. W...12000 Visger, Detroit
Mitchell, C. Leslie................Henry Ford Hospital, Detroit 2
Mitchell, Darnell P.............8401 Woodward Ave., Detroit 2
Mitchell, Ralston S.........................243 E. Warren, Detroit 1
Mitchell, Roy A.................Det. Memorial Hosp., Detroit 26
Moehlig, Robt. C. (L)........3001 W. Grand Blvd., Detroit 2
Moghissi, Kamran S...763 David Whitney Bldg., Detroit 26
Mogill, Geo.......................................3150 Second Blvd., Detroit 1
Moisides, Vasil P. (L)..........28 W. Adams Ave., Detroit 26
Moll, Clarence D...........................10 Peterboro St., Detroit 1
Molnar, Stephen K...........4525 S. Telegraph Rd., Dearborn
Molner, Jos. G.....................14890 Glastonbury Rd., Detroit
Momcilovich, Boxidar......2241 Huron River Dr., Rockwood
Mond, Edward...........................10 Witherell St., Detroit 26
Monson, Robt. C...........................17520 Chester, Detroit 24
Montante, Jos. R.....................18715 Bretton Dr., Detroit 23
Montenegro, Milton....24224 W. Seven Mile Rd., Detroit 19
Montgomery, Wm. C.............25717 Coolidge, Oak Park 37
Monto, Raymond W.............Henry Ford Hospital, Detroit 2
Moore, John W., Jr........8425 W. Eight Mile Rd., Detroit 21
Moore, Warren R................17800 E. 8 Mile Rd., Detroit 36
Mopper, Coleman.........14633 E. Seven Mile Rd., Detroit 5
Moran, Frank J..........................27459 Five Mile Rd., Livonia
Morand, Louis J. (A)..................18944 Fairfield, Detroit 21
Morgan, Donald N...........1553 Woodward Ave., Detroit 26
Morgan, Philip J...........Detroit Memorial Hosp., Detroit 26
Moriarty, Geo. J.................3011 W. Grand Blvd., Detroit 2
Morita, Yoshikazu..............................26111 Woodward Ave., Huntington Woods
Morley, Arthur R...................15753 Promenade, Allen Park
Morley, George M.....................12922 W. Warren, Dearborn
Morley, Harold V.......................970 Fisher Bldg., Detroit 2
Morley, James A. (L).........10514 Plymouth Ave., Detroit 4
Moroun, Sheffick J..................................675 Parker, Detroit 14
Morris, Harold L. (L)........3001 W. Grand Blvd., Detroit 2
Morrison, George W................................2033 Park, Detroit 26
Morse, William H.................19203 Grand River, Detroit 23
Morton, David G........................19445 Plymouth, Detroit 28
Moscovic, Edward A.................Oakwood Hospital, Dearborn
Mosee, Wm. J.......................................9219 Dexter, Detroit 6
Moseley, Fredk. L.................................2561 S. Schaefer, Detroit
Mosen, Max M.........................8015 Harper Ave., Detroit 13
Moser, Peter F...............26151 Huron River Dr., Flat Rock
Moses, John W............................754 Fisher Bldg., Detroit 2
Moss, Ervin B. (A).........................23295 Kipling, Oak Park
Moss, Nathan H............................2847 Trumbull, Detroit 16
Moss, Norman D.................25415 Southfield Rd., Southfield
Moss, Selma S.............................20905 Greenfield, Southfield
Moszcznski, B. J.......1113 David Whitney Bldg., Detroit 26
Mott, Carlin P. (L)............2395 W. Grand Blvd., Detroit 8
Mott, Fredk. D...........................6533 E. Jefferson, Detroit 7
Moynihan, John W.................2841 Monroe Blvd., Dearborn
Mozen, Herschel E.........12950 W. Chicago Ave., Detroit 28
Mucasey, John.......................21415 W. 8 Mile Rd., Detroit 19
Muirhead, Ernest E......................432 E. Hancock, Detroit 1
Mullen, Jos. R.........................19003 Ecorse Rd., Allen Park
Munson, Henry T...................18350 Mack, Grosse Pointe 36
Murphy, Donald J. (A).......................Virginia Mason Hosp., Seattle, Wash.
Murphy, Scipio G.............................603 E. Forest, Detroit 1
Murphy, Wm. M.............10500 E. Warren Ave., Detroit 14
Murray, Gordon M.........................9901 Whittier, Detroit 24
Murray, Robt. J.............................3700 West Rd., Trenton
Murray, Thomas H. (A)..........25239 Southfield, Southfield
Muske, Paul H...........................13244 W. Warren, Dearborn
Myers, Danl. W.........................1150 Bedford Rd., Detroit 30
Nagle, John W. (L).......................114 Maple St., Wyandotte
Nahigian, Russell............17371 Annchester Ave., Detroit 19
Nahoum, Antoine......................1030 Kensington, Detroit 30
Nash, Edward B..............................4075 Inkster Rd., Inkster
Naud, Henry J.............18456 Grand River Ave., Detroit 23
Naud, Joseph H.............412 David Whitney Bldg., Detroit 26
Navori, Cornelius A...................3516 Fort St., Lincoln Park
Naylor, Arthur H. (A)................10033 Tireman, Dearborn
Neeb, Walter G...................16840 E. Warren St., Detroit 24
Nehra, John M...........320 E. Center Prof. Bldg., Detroit 36
Neill, Edwin J.....................8045 E. Jefferson St., Detroit 14
Nelson, Darwin M...........................63 Ridge Rd., Detroit 36
Nelson, Harry M.................3001 W. Grand Blvd., Detroit 2
Nelson, Norman A.................Wayne Co. Gen. Hosp., Eloise
Nelson, Victor E.......................3025 Crooks Rd., Royal Oak
Nesbit, Warren S..........................474 Fisher Bldg., Detroit 2
Neufeld, Paul N...........................19467 Livernois, Detroit 21
Newby, Burns G.........................20905 Greenfield, Southfield
Newman, Ernest..................17371 Evergreen St., Detroit 19
Newman, Geo. F......................2021 Monroe Blvd., Dearborn
Newman, Max K.............16861 Wyoming Ave., Detroit 21
Newton, Kenneth..........................11841 Susan Ave., Warren
Nichols, Wallace, Jr...............3631 S. Longmeadow, Trenton
Nickel, Warren O...........................861 Monroe, Dearborn 8
Nickels, Albert W................3011 W. Grand Blvd., Detroit 2
Nielsen, Aage E.................320 Professional Bldg., Detroit 1
Nielsen, Donald R..............................26339 Woodward Ave., Huntington Woods
Nigro, Norman D.....................7815 E. Jefferson, Detroit 14
Nill, John B............................15001 E. Warren, Detroit 24
Nill, Wm. F. (L)......................15001 E. Warren, Detroit 24
Noble, Wm. C..........................4045 W. Jefferson, Ecorse 29
Noe, Jos. T., Jr.............Wyandotte Chem. Corp., Wyandotte
Nolan, Bernard E......................5460 Schaefer Rd., Dearborn
Nolting, Wilfred S. H.....15850 E. Warren Ave., Detroit 24
Northcross, David C...........2929 W. Boston Blvd., Detroit 6
Norton, Arthur B. (L)..............1077 Fisher Bldg., Detroit 2
Noshay, Wm. C...................2799 W. Grand Blvd., Detroit 2
Novack, Richard L..........................15930 Shadyside, Livonia
Novy, Robt. L. (L).......................858 Fisher Bldg., Detroit 2
Nowosielski, P. F...........................15256 Levan Rd., Livonia
Nunn, James W...........................106 W. Davison, Detroit 3
Nyboer, Jan....................................Harper Hospital, Detroit 1
O'Brien, Geo. M.................2501 W. Grand Blvd., Detroit 8
Obushkevich, Leon S. (A)......15720 W. Warren, Detroit 28
O'Connor, Katheryn L.............17711 Schoolcraft, Detroit 27
O'Donnell, Dayton H.........2501 W. Grand Blvd., Detroit 8
Oetting, Edward M...............2923 Iroquois Ave., Detroit 14
O'Gawa, Gilbert M. (M)....................Bethesda Naval Hosp., Bethesda, Md.
Ohmart, Galen B.............8721 E. Jefferson Ave., Detroit 14
Ohrt, Harold F. (A)..............285 E. Grand Blvd., Detroit 7
Okun, Milton H.................3261 Sherbourne Rd., Detroit 21
Oldford, Joseph R.............17000 W. 8 Mile Rd., Detroit 35
Olejniczak, Stanley................Wayne Co. Gen. Hosp., Eloise
Olen, Alex..........................13100 Harper Ave., Detroit 13
O'Linn, Francis P......................1055 Fisher Bldg., Detroit 2
Olmsted, Geo. S.......27305 Southfield Rd., Lathrup Village
Olson, Avis M.............Mt. Carmel Mercy Hosp., Detroit 35

Olson, Donald T.........17701 W. McNichols Rd., Detroit 35
Olson, James A...............17000 West 8 Mile Rd., Southfield
Oppenheim, Jos. M....................24091 Dante, Oak Park 37
Organ, Fred W. (L)..................................1 Calvert, Detroit 2
Ormond, Robt. S.........................1951 Monroe St., Dearborn
O'Rourke, Paul V.........................2635 Woodstock, Detroit 3
O'Rourke, Randall M.......................7384 12th St., Detroit 6
Osius, Eugene A...................8120 E. Jefferson Ave., Detroit
Ostrowski, Arthur Z...610 Northland Med. Bldg., Southfield
Otlewski, Eugene A..................20905 Greenfield, Southfield
Ottaway, John P.....18226 Mack Ave., Grosse Pointe Farms
Otto, Donald.................Det. Memorial Hospital, Detroit 26
Owen, Clarence I.................2689 Dupont, Jacksonville, Fla.

Palmer, Alice E. (A)...........................USOM Ph. APO 143, San Francisco, Calif.
Palmer, Milton R....................8700 Dexter Blvd., Detroit 6
Palmisano, I. J...........................25447 Plymouth Rd., Detroit 39
Panczak, Tamara................Plymouth State Hosp., Northville
Pangburn, Leon E. (L).............12897 Woodward, Detroit 3
Panic, Stephen M................1001 W. Seven Mile, Detroit 3
Pantos, Theo. G.......1536 David Whitney Bldg., Detroit 26
Parfanowycz, S. N. (A).............3347 Grant St., Detroit 12
Parker, Albert R......................3720 Washington St., Wayne
Parker, Benj. R...........19149 W. Seven Mile Rd., Detroit 19
Parnell, John W.......21 Whitcomb Dr., Grosse Pointe Farms
Parr, Robt. W. (A)....1126 Audubon Rd., Grosse Pointe 30
Parrish, Rufus H. (A).....................2610 Starlevant, Detroit
Pasternacki, N. T.........................6203 Chene St., Detroit 11
Pastorius, Melvin K.................5947 Middlesex, Dearborn 1
Patton, Roy B........................Henry Ford Hospital, Detroit 2
Paul, Lloyd J...19321 Greenfield, Detroit
Pawlowski, Jerome I...........2009 E. Grand Blvd., Detroit 11
Payne, Eugene H. (R).................Box 1299, Hammond, La.
Payne, Walter A., Jr.............357 Hillcrest, Grosse Pointe 36
Paysner, Harry A.................................13700 Woodward Ave., Highland Park 3
Pearce, Arthur J..................15317 Piedmont St., Detroit 23
Pearlman, Jack.............25860 Concord, Huntington Woods
Pearse, Harry A..................17000 W. Eight Mile, Southfield
Peat, Alexander C...............................1350 Devonshire Rd., Grosse Pointe Park
Pedersen, Herbert E..................3815 Pelham Rd., Dearborn
Peggs, Geo. F...........................5419 Livernois Ave., Detroit 10
Pendy, Geo. V.............1001 David Whitney Bldg., Detroit 26
Pendy, John M.........1001 David Whitney Bldg., Detroit 26
Penner, David A...........18530 Grand River Ave., Detroit 23
Pensler, Leslie.............................10151 Michigan, Dearborn
Pensler, Meyer.................10149 Michigan Ave., Dearborn 2
Percy, Donald F...............15901 Greenfield Ave., Detroit 27
Perdue, Grace M.................3011 W. Grand Blvd., Detroit 2
Perez Borja, C. M. (A).............Receiving Hospital, Detroit
Perkin, Frank S..................3011 W. Grand Blvd., Detroit 2
Perlis, Hyman L. (L)........................10 Peterboro, Detroit 1
Perlis, Marvin S..........................1030 Fisher Bldg., Detroit 2
Perry, Joseph H.........259 Lewiston Rd., Grosse Pointe 36
Peterman, Earl A...........13700 Woodward, Highland Park 3
Peters, Wm. R..............12400 E. Seven Mile Rd., Detroit 5
Peterson, Gustav............Fisher Body, Willow Run, Ypsilanti
Peterson, Robert A............................17581 Prest, Detroit 35
Petix, Samuel C.................................19207 Schaefer, Detroit 35
Petoskey, Edward A...........................5656 W. Fort, Detroit 9
Petrick, Thos. J.........................15101 Southfield, Allen Park
Petrini, Mario A.........................1080 Fisher Bldg., Detroit 2
Petty, Thos. A......................1204 Yorkshire Rd., Detroit 30
Petz, Arthur John.......................15420 Farmington, Livonia
Petz, Thomas J.........1139 David Whitney Bldg., Detroit 26
Peven, Philip S.......................18709 Meyers Rd., Detroit 35
Phillips, Burton E...................................5050 Joy Rd., Detroit 4
Picard, Jos. D.........................5237 Oakman Blvd., Dearborn
Piccone, Louisa I.......................17700 W. Warren, Detroit 28
Pichette, J. Walton................6650 Greenfield Rd., Dearborn
Pickard, Orlando W. (L)..14300 W. McNichols, Detroit 35
Pierce, James M., Jr...........Wayne St. University, Detroit 7
Pietra, A. W......................10338 Joseph Campau, Detroit 12
Pinckard, Karl G. (L)..............5805 Evergreen, Dearborn 6
Pink, Rose M.................11413 Joseph Campau, Detroit 12
Pinney, Lyman J. (L).........................28 W. Adams, Detroit 26
Pino, Ralph H. (L)......48151 W. Ann Arbor Rd., Plymouth
Piper, Ralph R...............................1495 McKinstry, Detroit 9
Pittman, John E. (L)........1553 Woodward Ave., Detroit 26
Pitts, Kenneth E......................17850 Maumee, Grosse Pointe
Platz, Carol K.............612 Est. Cen. Prof. Bldg., Detroit 36
Pliskow, Harold........10730 W. Seven Mile Rd., Detroit 21
Plotnick, Harold..........................18654 Muirland, Detroit 21
Plous, Eugene I...............................569 Fisher Bldg., Detroit 2
Podolsky, Harold M........................3755 Fort, Lincoln Park
Pogrebniak, A.......................25210 Grand River, Detroit 40
Poim, Senta V...10 Peterboro, Detroit 1
Polentz, Chas. P...........Medical Concourse N. C., Southfield
Polk, John E..8742 12th St., Detroit 6
Pollack, Jerome L.....................14551 Southfield, Allen Park
Pollack, John J...........................18200 Wyoming, Detroit 21
Pollard, R. J..Grace Hosp., Detroit 1
Pollens, Louis S...........12730 W. McNichols Rd., Detroit 35
Pollina, Clement J....................21503 Harper, St. Clair Shores
Ponka, Jos. L.....................2799 W. Grand Blvd., Detroit 2
Pool, Walter D.........................20901 Moross Rd., Detroit 36
Poos, Edgar E. (L)...........3001 W. Grand Blvd., Detroit 2
Porretta, Chas. A.......507 Northland Med. Bldg., Southfield
Porretta, Francis S.....18591 Saratoga Blvd., Lathrup Village
Porretta, George F....................20905 Greenfield, Southfield
Porter, Dwight H., Jr.................3919 John R St., Detroit 1
Porter, Fredk. G...............................29590 Five Mile, Livonia
Porter, Howard J. (A)...............................2555 S.E. 7th St., Pompano Beach, Fla.
Portnoy, Harry............................18010 Roselawn, Detroit 21
Posch, Jos. L.............................1410 Kales Bldg., Detroit 26
Posner, Irving...................18111 Muirland Ave., Detroit 21
Potts, Elihue B.........................8943 Twelfth St., Detroit 6
Poznanski, Andrew K.........Henry Ford Hospital, Detroit 2
Prasad, Ananda S.............Wayne State University, Detroit 7
Pratt, Jean P. (L)................18910 Fairway Dr., Detroit 21
Pratt, Lawrence A. (A)...........................USOM, APO 143, San Francisco, Calif.
Preston, Ruth E.....................3011 W. Grand Blvd., Detroit 2
Pribor, Hugo C..............................530 New Brunswick Ave., Perth Amboy, N. J.
Price, A. Hazen............408 David Whitney Bldg., Detroit 26
Price, Alvin E..................1553 Woodward Ave., Detroit 26
Priest, Robt. J.................Henry Ford Hospital, Detroit 2
Primack, Marvin H..............................7430 Second, Detroit 2
Prince, Addison E.............................8942 Dexter, Detroit 6
Prisbe, Edward J.................16603 Plymouth Rd., Detroit 27
Priver, Julien..........................6741 W. Outer Dr., Detroit 35
Procailo, Alexander B.............29901 Ford Rd., Garden City
Proctor, J. Laurence....................6246 Chase Rd., Dearborn
Proctor, Leonard R...................3815 Pelham Rd., Dearborn
Proctor, Lorne D..............Henry Ford Hospital, Detroit 2
Prokop, Frank P................12740 S. Marrow St., Dearborn
Prokopovich, V.................................19666 Conant, Detroit 34
Proskey, Aloysius J. (A)......16167 Glastonbury, Detroit 19
Proud, Robert H.............26151 Huron River Dr., Flat Rock
Proud, Russel F...............26151 Huron River Dr., Flat Rock
Prus, A. Michael.......................................4160 John R St., Detroit
Prust, Frank W.........1536 David Whitney Blvd., Detroit 26
Prystowsky, S..1800 Tuxedo, Detroit 6
Pugh, Howard C...............1553 Woodward Ave., Detroit 26
Pugliesi, Angelo.......................9489 E. Outer Dr., Detroit 13
Pugliesi, Benedetto..................9489 E. Outer Dr., Detroit 13
Pugliesi, Frank J...........320 Eastland Prof. Bldg., Detroit 36
Pullum, Carla A..............14530 E. Warren Ave., Detroit 15
Purcell, Frank H. (L)...............10 Witherell St., Detroit 26
Puro, Henry E..............................1733 Trenton Dr., Trenton
Pursel, Stewart E.......307 David Whitney Bldg., Detroit 26
Purves, W. L...................................17595 Parkside, Detroit 21
Quigley, Eugene H..............................111 Brentwood, Dearborn
Quigley, Wm. G..........................1075 Fisher Bldg., Detroit 2
Quinn, Edward L...........................1141 Golfview, Birmingham
Quinones, Rafael E..................17200 E. Warren, Detroit 24

Rabinovitch, Bella M.......................20133 Marlowe, Detroit 35
Raby, Naim M...15830 Fort, Southgate
Rachmaninoff, N...........................Harper Hospital, Detroit 1
Radgens, Paul D..................Ford Motor Co., Highland Park
Rahm, Lambert P...........14411 E. Jefferson Ave., Detroit 15
Raiford, Frank P. (L)..................................9310 12th, Detroit
Raiford, Frank P., Jr.................9107 12th Street, Detroit 6
Ralyea, Imbi...................................16645 Freeland, Detroit 35
Ramos, Herminio R................9801 Conant, Hamtramck 12
Ramsey, Robt. H..........................3815 Pelham Rd., Dearborn
Randall, David S.........................3955 Fort St., Lincoln Park
Rapoport, Bernard..................................1800 Tuxedo, Detroit 6
Rapp, Seymour L...................5055 W. Outer Dr., Detroit 35

Raskin, Herbert A....................18510 Meyers Rd., Detroit 35
Raskin, Morris........................15361 Plymouth Rd., Detroit 27
Rastello, Peter B. (R)....3295 West Shore Dr., Orchard Lake
Rattner, Wm. H.............1355 David Whitney Bldg., Detroit
Rau, Fredk. W.....................215 Professional Bldg., Detroit 1
Rausch, Nancy H.............................11639 Turner, Detroit 4
Raven, Clara..............................400 E. Lafayette, Detroit 26
Ravitz, Louis A.................12831 Burton Ave., Oak Park 37
Ray, Kenneth J...........................28059 Elba Dr., Grosse Isle
Raynor, Harold F. (L)..................49 Virginia Pk., Detroit 2
Razi, Massoud......................................1214 S. Wayne, Wayne
Read, Raymond........................Wayne State Univ., Detroit 7
Rebandt, Raymond W.................2615 W. Jefferson, Trenton
Rebuck, John W.................2799 W. Granm Blvd., Detroit 2
Redding, Lowell G...........1336 Southfield Rd., Lincoln Park
Reder, Benjamin..........17301 W. Eight Mile Rd., Detroit 35
Redfern, W. Earl...................2799 W. Grand Blvd., Detroit
Reed, H. Walter (L)..14447 W. Seven Mile Rd., Detroit 35
Reed, Ivor E.......................1553 Woodward Ave., Detroit 26
Reed, Joseph O., Jr..........................448 Lincoln, Detroit 30
Reed, Melvin L....................4160 John R. Street, Detroit 1
Rees, Howard C.......................15700 Mack Ave., Detroit 24
Reid, John G.......................1553 Woodward Ave., Detroit 26
Reid, Wesley G....................3001 W. Grand Blvd., Detroit 2
Reidt, William U................................1800 Tuxedo, Detroit 6
Reiff, Morris V...............................10241 Joy Rd., Detroit 4
Reinhard, Richard E..........7815 E. Jefferson Ave., Detroit 14
Reinsh, Ernest R................18674 Muirland Ave., Detroit 21
Reisig, Robert O...............................20867 Mack, Detroit 36
Reisman, Nathan J.....15344 W. McNichols Rd., Detroit 35
Reisman, Saml. G...............1553 Woodward Ave., Detroit 26
Reive, David L. E.......................25447 Plymouth, Detroit 39
Remski, James E..........................29447 Ravine Dr., Livonia
Reno, George L...........................970 Fisher Bldg., Detroit 2
Rentenbach, Robt. F.........314 David Whitney Bldg., Detroit
Resto Soto, A. D.......................17644 W. Warren, Detroit 28
Reveno, Wm. S.....................3001 W. Grand Blvd., Detroit 2
Reyner, Clarence E. (L)..............10 Peterboro St., Detroit 1
Reynolds, Robt. M.......................856 Fisher Bldg., Detroit 2
Rezanka, Harold J.............1553 Woodward Ave., Detroit 26
Rhoades, Francis P.........2414-16 Broderick Twr., Detroit 26
Rice, Harold B............................10 Peterboro St., Detroit 1
Rice, Meshel...533 Coats Rd., Oxford
Richardson, Allan L. (R)..Naubinway
Rick, Paul J..12673 Joan, Detroit 5
Riddell, Wilfred A.................15420 Farmington Rd., Livonia
Ridge, Ralph W. (L)........................100 Oak St., Wyandotte
Rieckhoff, Geo. G. (L)....................14905 E. Jefferson Ave., Detroit 15
Rieden, James A.........................18053 Muirland, Detroit 21
Rieger, John B. (L)............................746 Pallister, Detroit 2
Rieger, Mary H. (L)......19285 Lucerne Dr., Highland Park
Riethmiller, Robt. F..........12444 E. Seven Mile Rd., Detroit
Rinaldo, Joseph, Jr...................Henry Ford Hosp., Detroit 2
Rinkel, Robert W.............................7319 Park Ave., Allen Park
Ritter, George.............28420 Sunset Blvd., Lathrup Village
Rivera, Emiliano, Jr.,..........................1800 Tuxedo, Detroit 6
Rizzo, Paul.............260 Eastland Prof. Bldg., Grosse Pointe
Robb, Edward L. (L)........17380 Livernois Ave., Detroit 21
Robb, Herbert J...........................2706 Comfort, Birmingham
Roberts, Arthur J...............1310 Warwick Rd., Lincoln Park
Roberts, George A...................7220 Gratiot Ave., Detroit 13
Robertson, Fredk. E.......................17000 W. Eight Mile Rd., Southfield
Robinson, Harold A.................10040 Yellowstone, Detroit 4
Robinson, Howard........................953 Fisher Bldg., Detroit 2
Robinson, James H., Jr.......1553 W. Grand Blvd., Detroit 8
Robinson, Remus G...........................3751 31st St., Detroit 10
Rodin, Ernst A..............................951 E. Lafayette, Detroit 7
Roeglin, Orville F. F.................16800 E. Warren, Detroit 24
Roehl, Karl H.........................1800 Grindley Park, Dearborn
Rogers, Aaron Z.......................20451 Mack Ave., Detroit 36
Rogers, Geo. E. B.................8425 Twelve Mile Rd., Warren
Rogers, John T..........................29586 Five Mile Rd., Livonia
Rogers, Robert P.........................18980 Wyoming, Detroit 21
Rogoff, Abraham S.....17000 W. Eight Mile Rd., Southfield
Rohde, Paul C. (L)..............12282 E. Outer Dr., Detroit 24
Rom, Jack......................8600 W. McNichols Rd., Detroit 21
Roman, Stanley J.................15020 Michigan Ave., Dearborn
Romanski, Raymond............2500 W. Grand Blvd., Detroit 8
Ronayne, John J., Jr......................16345 W. McNichols Rd., Detroit 35
Rosbolt, James F.....................8505 Plymouth Rd., Detroit 4
Rosbolt, O. Paul, Jr.................8505 Plymouth Rd., Detroit 4
Rosefield, John L...........................65 W. Hancock, Detroit 1
Rosen, Theodore S................19340 Monte Vista, Detroit 21
Rosenbaum, Herbert....................18110 Muirland, Detroit 21
Rosenbaum, Jean B.................19200 Canterbury, Detroit 21
Rosenbloom, Alvin B........................17555 Parkside, Detroit 21
Rosenfeld, L. S...................................1800 Tuxedo, Detroit 6
Rosenthal, Albert......................27855 Plymouth Rd., Livonia
Rosenthal, Louis H.............15401 W. McNichols, Detroit 35
Rosenthal, Saml.......................................8844 Joy Rd., Detroit
Rosenwach, Felix F.....19149 W. Seven Mile Rd., Detroit 19
Rosenzweig, Norman.............6767 W. Outer Dr., Detroit 35
Rosenzweig, Saul..........................2542 W. Boston, Detroit 6
Ross, Charles V............................7740 Da Costa, Detroit 39
Ross, Hyman............1016 S. Bedford St., Los Angeles, Calif.
Ross, Mervyn B...........................9559 Greenfield, Detroit 27
Ross, Oscar A.......................................1800 Tuxedo, Detroit 6
Rotarius, Edward M...................Parke Davis Co., Detroit 32
Roth, Edward T. (L)............640 E. Grand Blvd., Detroit 7
Rother, Ina A. C.........................101 Chicago Blvd., Detroit 2
Rothwell, Walter S...............................2730 Chelsea, Trenton
Rottenberg, Coleman M. J.............13419 Fenkell, Detroit 27
Rottenberg, E. N.......20725 W. Seven Mile Rd., Detroit 19
Rottenberg, Leon..................13419 Fenkell Ave., Detroit 27
Roubeck, William........17000 W. Eight Mile Rd., Southfield
Rowda, Michael S.....................7 Cambridge, Pleasant Ridge
Rowe, Jos. J., Jr...............................401 N. Brady, Dearborn
Roy, L. James...........................1210 Kales Bldg., Detroit 26
Royer, Richard R..............18101 E. Warren Ave., Detroit 24
Rubinoff, William........21415 W. Eight Mile Rd., Detroit 19
Ruble, Paul E.............1139 David Whitney Bldg., Detroit 26
Ruedemann, Albert D.......1553 Woodward Ave., Detroit 26
Ruedemann, Albert D., Jr...................1553 Woodward Ave., Detroit 26
Rueger, Milton J.................................86 Hall Pl., Detroit 36
Rueger, Ralph C...............9149 E. Jefferson Ave., Detroit 14
Ruel, Richard E.........1515 David Whitney Bldg., Detroit 26
Ruiz, Luis C...35084 Chestnut, Wayne
Runge, Edward F. (A)...........................8295 39th Ave. N, St. Petersburg, Florida
Rupe, Clarence E.................2799 W. Grand Blvd., Detroit 2
Rupp, Jacob R. (L)....................247 Cass Lake Rd., Pontiac
Rupprecht, Emil F...........5525 W. Chicago Blvd., Detroit 4
Rush, Desmond K.....1429 David Whitney Bldg., Detroit 26
Ruskin, Robert L...........................Sinai Hospital, Detroit 35
Ruskin, Saml. H.......................1112 Kales Bldg., Detroit 26
Russanow, Georg........................400 E. Lafayette, Detroit 26
Russell, Henry N., Jr.................15101 Southfield, Allen Park
Rutzen, Arthur C................20211 Greenfield Rd., Detroit 35
Ryan, James M.........................16888 Greenfield, Detroit 35
Ryan, William D. (R)..........Box 10931, St. Petersburg, Fla.
Rydzewski, Jos. B. (L)......................12170 Joseph Campau, Detroit 12

Sabbagh, Enrique................2605 W. Grand Blvd., Detroit 8
Sack, Anthony G...................18230 Grand River, Detroit 23
Sadler, Henry H., Jr.............605 Lakeland, Grosse Pointe 30
Sadzikowski, Jos. T........................1730 Hawthorne, Dearborn
Sage, Bernard A..............................1013 Haigh St., Dearborn
Sage, Edward O. (L).....................415 Burns Dr., Detroit 14
Sager, Edward L.....................13902 Gratiot Ave., Detroit 5
St. Amour, Hector J...25515 Blossingham Dr., Dearborn Hts.
St. Louis, Rene J. (L)....................10909 W. Jefferson Ave., River Rouge 18
Sakorraphos, S. N. (L)................1346 Broadway, Detroit 26
Sakwa, Saul..........................17000 W. Eight Mile, Southfield
Salan, Lacy J.....................................995 S. Main St., Plymouth
Salchow, Paul T....................Herman Kiefer Hosp., Detroit 2
Salem, Edward S..........................14520 Sherwood, Oak Park
Salhaney, Mitchell..........................15252 Levan Rd., Livonia
Sall, Caroline D..6246 Chase, Dearborn
Sallee, William T.......................17000 W. 8 Mile, Southfield
Saltzstein, Harry C. (L)..........850 Whitmore Rd., Detroit 3
Salvaggio, A. T.......426 Eastland Prof. Bldg., Harper Woods
Sandberg, Hershel.........................19207 Schaefer, Detroit 35
Sander, Irvin W. (R)..............................1073 Stratford Lane, Bloomfield Hills
Sanders, Alexander W...................16350 Hamilton, Detroit 3

Sanderson, Alvord R. (L)......978 Pemberton Rd., Grosse Pointe 30
Sanderson, Susanne M. (L)......18520 West 7 Mile Rd., Detroit 19
Sandler, Nathaniel......76 W. Adams Ave., Detroit 26
Sapala, M. Andrew......13021 Mackenzie Ave., Detroit 28
Saraf, Leo B......14540 E. Warren, Detroit 15
Sargent, Douglas A......816 Grand Marais, Grosse Pointe Park
Sargent, Richard C......17357 Fenkell St., Detroit 27
Sargent, William R......17357 Fenkell St., Detroit 27
Sarracino, John B. (A)......34th Med. Gen. Hosp., APO 58, New York, N. Y.
Sauk, John J......302 W. McNichols Rd., Detroit 3
Saunders, Gene A......15121 W. 7 Mile Rd., Detroit 35
Sauter, Simon H. (L)......1082 E. Grand Blvd., Detroit 7
Savignac, Eugene M......Holy Cross Hosp., Detroit 34
Sawdyk, Daria H......7012 Michigan Ave., Detroit 10
Scarney, Herman D......3011 W. Grand Blvd., Detroit 2
Schaefer, H. C......7815 E. Jefferson, Detroit 14
Schaefer, Robt. L. (A)......76 W. Adams Ave., Detroit 26
Schaefer, Robt. L., Jr......74 W. Adams, Detroit 26
Schaeffer, J. N......261 Brady, Detroit 1
Schaeffer, Martin......18275 Warrington Dr., Detroit 21
Schakne, Norman......669 Fisher Bldg., Detroit 2
Schane, David A......17157 Mendota, Detroit 21
Schatten, Ivan C......2201 E. Jefferson Ave., Detroit 7
Schatz, Irwin J......Henry Ford Hospital, Detroit 2
Scheinberg, S. R......2240 W. Grand Blvd., Detroit 8
Schembeck, Isaac S. (L)......1553 Woodward Ave., Detroit 26
Scherer, Robert A......470 Fisher Bldg., Detroit 2
Schidlowsky, Oleg P......36200 Plymouth Rd., Livonia
Schiller, Arthur E. (L)......1553 Woodward Ave., Detroit 26
Schillinger, H. K......300 Berkley, Dearborn
Schirack, Raymond D. (R)......Luzerne
Schkloven, Norman......20051 Warrington, Detroit 21
Schlafer, Nathan H......10 Witherell St., Detroit 26
Schlesinger, Henry......13534 Woodward Ave., Detroit 3
Schmaltz, John D......1701 David Whitney Bldg., Detroit 26
Schmidt, Generva F......1074 Vernier Rd., Detroit 36
Schmidt, George J......7106 Park Ave., Allen Park
Schmidt, Harry E......24625 Fairmount Rd., Dearborn
Schmidt, Johann......7815 E. Jefferson, Detroit 14
Schmidt, Klaus P......871 Fisher Bldg., Detroit 2
Schmidt, Werner F......1807 Stroh Bldg., Detroit 26
Schmier, Burton L. (A)......20051 Litchfield, Detroit 21
Schmitt, Norman L......10127 W. McNichols Rd., Detroit 21
Schneck, Robt. J......1553 Woodward Ave., Detroit 26
Schneider, Chas. L......22148 Michigan Ave., Dearborn
Schneider, Curt P......655 Fisher Bldg., Detroit 2
Schoenfield, Gilbert D......8830 W. McNichols Rd., Detroit 21
Scholdager, Rolf H......1800 Tuxedo, Detroit 6
Schooten, Sarah S......13700 Woodward Ave., Highland Park 3
Schorer, Calvin E......951 E. Lafayette, Detroit 7
Schroeder, Carlisle F......26505 E. River Rd., Grosse Isle
Schroeder, Gisela......22408 Park Lane, St. Clair Shores
Schroeder, Heinz R......Wayne Co. Gen. Hospital, Eloise
Schuchter, S. L......1800 Tuxedo, Detroit 6
Schulte, Carl H. (L)......28 W. Adams Ave., Detroit 26
Schultz, Clarence H......23100 Cherry Hill, Dearborn
Schultz, Ernest C. (L)......1553 Woodward Ave., Detroit 26
Schuman, Bernard M......Henry Ford Hospital, Detroit 2
Schwartz, Benj......275 W. Grand Blvd., Detroit 16
Schwartz, Harold A......7605 Puritan Ave., Detroit 38
Schwartz, Louis A. (A)......P.O. Box 315, Rockport, Mass.
Schwartz, Oscar D......7421 W. Seven Mile Rd., Detroit 21
Schwartzberg, J. A......19445 Plymouth, Detroit 28
Schwarz, Frank W......23100 Cherryhill, Dearborn
Schweigert, C. F......10627 Cadieux Rd., Detroit 24
Schwimmer, Benjamin......8811 John C. Lodge Bldg., Detroit 2
Schwocho, Niles H......7106 Park Ave., Allen Park
Sciarrino, Stanley V......15388 Livernois Ave., Detroit 38
Scott, Robert J......26075 Woodward, Huntington Woods
Scott, Wm. J. (L)......20170 Mack Ave., Grosse Pointe Woods
Screen, Raymond J......18520 W. Seven Mile Rd., Detroit 19
Seabrooks, Benj. F., Jr......726 Lathrop, Detroit
Secord, Eugene W. (A)......660 Whitmore Rd., Detroit 21
Segal, Andrew E......19481 Livernois Ave., Detroit 21
Segar, Laurence F......10 Witherell St., Detroit 26
Segel, Nathan P......19100 Manor, Detroit 21
Seibert, Alvin H. (L)......1180 Bedford Rd., Grosse Pointe Park 30
Seiferlein, A. L......1553 Woodward Ave., Detroit 26
Seim, Elmer J......Grace Hospital, Detroit 1
Seitam, Karl......10149 Michigan Ave., Dearborn
Selbst, Ronald A......26339 Woodward, Royal Oak
Self, Wm. G......20861 Mack Ave., Grosse Pointe 36
Sellers, Chas. W......18545 Schoolcraft Ave., Detroit 23
Sellers, Graham A. (A)......10535 W. Seven Mile Rd., Detroit 21
Seltzer, Joseph......20905 Greenfield, Southfield
Selzer, Isidore......4811 John R St., Detroit 1
Senecoff, Stephen D......16800 Greenfield, Detroit 35
Sepetys, Povilas......25466 Clairview, Dearborn 6
Seski, Arthur G......1069 Fisher Bldg., Detroit 2
Seto, Millard (A)......1818 Poki St., Honolulu, Hawaii
Severyn, Fred R......15830 Fort St., Southgate
Sewell, Geo. (L)......31801 Arlington Dr., Birmingham
Sewell, Guy W......17751 East Warren Ave., Detroit 24
Seydel, H. Gunter......847 Westchester, Grosse Pointe Park
Shada, John C......770 Shoreham, Grosse Pointe 36
Shafarman, Eugene M......5320 John R St., Detroit 2
Shaffer, Jos. H......2401 Radnor Dr., Birmingham
Shaffer, Loren W. (R)......6040 Wildrose Lane, Port Huron
Shafter, Royce R......1188 Puritan, Birmingham
Shams Avari, Parviz......28303 Joy Rd., Garden City
Shanoski, Stanley J......1910 David Broderick Twr., Detroit 26
Shapiro, Jacob......14634 E. Seven Mile Rd., Detroit 5
Shapiro, Reuben I......910 David Broderick Twr., Detroit
Shaptini, Elias A......1 Woodward Ave., Detroit 26
Shargel, Geo. M. J......1800 Tuxedo, Detroit 6
Sharp, Elwood A. (A)......633 Neff Rd., Grosse Pointe 30
Sharpe, Wm. D......24621 W. McNichols Rd., Detroit 19
Sharrer, Chas. H......1133 Grayton, Detroit 30
Shea, Francis P......Harper Hospital, Detroit 1
Shecter, Harry......2200 E. Grand Blvd., Detroit
Sheehan, Irene C......15520 Garfield, Allen Park
Sheehan, Shelia......Det. Receiving Hosp., Detroit 26
Shekerjian, Armen......27640 Morningside, Lathrup Village
Shelfoon, Delores J......1660 Oakman Blvd., A 3, Detroit 38
Sherman, Marvin......20101 James Couzens, Detroit 35
Sherman, W. LaRue (L)......10 Peterboro St., Detroit 2
Sherman, Wm. L., Jr. (A)......201 E. Kirby, Detroit 1
Sherrin, Edgar R......19021 W. McNichols, Detroit 19
Shevin, Frederick F......18450 Livernois, Detroit 21
Shewchuk, A. P......7300 Allen Rd., Allen Park
Shields, Wm. L......510 Hildale, Detroit 3
Shiffman, Milton M......Mt. Sinai Hospital, Detroit 35
Shifrin, Peter G......20211 Greenfield, Detroit 35
Shin, Eon......1800 Tuxedo Ave., Detroit 6
Shiovitz, Louis......5419 Michigan Ave., Detroit 10
Shipton, Waldo H. (A)......General Delivery, Naples, Fla.
Shlain, Benj......19280 Berkeley, Detroit 21
Shors, Clayton M......19635 Mack Ave., Detroit 35
Shortz, Gerald (A)......925 15th Place, Vero Beach, Fla.
Shreve, Alfred J......4520 Firestone Ave., Dearborn
Shufro, Arthur S......28585 Rivercrest Dr., Southfield
Shulman, Herschel A......207 Northland Med. Bldg., Southfield
Shumaker, Edward J......75 Lothrop, Detroit 36
Siddall, Roger S......3011 W. Grand Blvd., Detroit 2
Sieber, Edward H......6650 Greenfield Rd., Dearborn
Siebert, William E......23023 Orchard Lake Rd., Farmington
Siefert, John L. (R)......P.O. Box 601, Jupiter, Fla.
Siefert, Wm. A......17400 Grand River Ave., Detroit 27
Siegel, Henry......19720 Chesterfield, Detroit 21
Siero, Jose M......9105 Van Dyke, Detroit 13
Sievers, Lorraine A......1457 David Whitney Bldg., Detroit 26
Sigler, John W......Henry Ford Hospital, Detroit
Sill, Jacob A......19635 Mack Ave., Detroit 36
Siller, John J......19244 Grand River, Detroit 23
Sillery, Robt. J......460 Lakeland, Grosse Pointe 30
Sills, Richard D......19321 Greenfield, Detroit 35
Silvarman, Israel Z......9105 Van Dyke Ave., Detroit 13
Silver, Donald F......467 Fisher Bldg., Detroit 2
Silver, Israel W......20000 W. Chicago, Detroit 28
Silver, Marvin D. (A)......Detroit Receiving Hosp., Detroit

Silver, Robert R..........20188 Wakefield, Detroit
Silverman, Maurice M..........17301 W. Eight Mile Rd., Detroit 35
Silverman, Max..........2240 W. Grand Blvd., Detroit 8
Silverstein, O. D..........17000 W. 8 Mile Rd., Southfield
Simmons, Donald R..........529 Fisher Bldg., Detroit 2
Simon, Heinz G..........12206 Morang, Detroit 24
Simpson, Gordon E..........18101 E. Warren Ave., Detroit 24
Simson, Clyde B..........951 E. Lafayette, Detroit
Singer, Floyd W..........13530 Michigan Ave., Dearborn
Sippola, Geo. W. (L)..........13603 LaSalle Blvd., Detroit 38
Sisson, John M..........15901 Greenfield Ave., Detroit 27
Sivak, B. J..........24665 Santa Barbara, Southfield
Sklar, Manuel..........18400 Schaefer Rd., Detroit
Skully, Edward J..........14000 Linnhurst, Detroit 5
Sladen, Frank J. (L)..........Henry Ford Hospital, Detroit 2
Slahetka, Vincent E..........19334 Bretton Dr., Detroit 23
Slaugenhaupt, J. G. (L)..........16887 Lawton, Detroit 21
Slaughter, Fred M. (L)..........2562 Ferry Park, Detroit 8
Slazinski, Leo W. (L)..........7618 Michigan Ave., Detroit 10
Slevin, John G..........1132 Whittier Ave., Grosse Pointe Park
Sliwin, Edward P..........13244 W. Warren, Dearborn
Slusky, Jos..........854 Fisher Bldg., Detroit 2
Sly, Robt. F..........2101 Monroe Blvd., Dearborn 8
Small, Henry..........15300 W. McNichols Rd., Detroit
Small, John..........2643 E. Seven Mile, Detroit 34
Smathers, Homer M..........14219 W. McNichols, Detroit 35
Smathers, Ward M..........14219 W. McNichols, Detroit 35
Smeck, Arthur R. (L)..........1036 Waterman Ave., Detroit 9
Smiggen, James J..........19647 Joy Road, Detroit 28
Smith, Andrew J..........2950 Puritan, Detroit 38
Smith, Claude A. (L)..........7 Adams Lane, Dearborn
Smith, Douglas H..........10151 Michigan, Dearborn 2
Smith, F. Janney (L)..........352 Moselle Pl., Grosse Pointe Farms
Smith, Henry L..........16401 Grand River Ave., Detroit 27
Smith, J. Allen..........14140 Puritan Ave., Detroit 27
Smith, Richmond W., Jr..........2799 W. Grand Blvd., Detroit 2
Smith, Roger F..........18755 Wilshire Ave., Lathrup Village
Smith, W. Pierce..........Henry Ford Hospital, Detroit 2
Smolenski, John J..........13815 Puritan Ave., Detroit 27
Smyka, Stanley M..........15731 Glenwood, Detroit 5
Snider, Eugene A..........20905 Greenfield, Southfield
Snider, Thomas H..........V.A. Hospital, Dearborn
Snoke, Edwin C..........2901 West Rd., Trenton
Snow, Linwood W..........508 W. Main St., Northville
Snyder, Richard J..........32817 Barkley, Livonia
Sobel, Robt. A..........18980 Wyoming, Detroit 21
Soble, Allen R..........18241 Greenfield, Detroit 35
Soderberg, Ralph B..........7815 E. Jefferson Ave., Detroit 14
Soifer, Sidney..........Sinai Hospital, Detroit 35
Sokol, Wm. M..........15800 W. McNichols, Detroit 35
Sokolov, Raymond A..........3011 W. Grand Blvd., Detroit 2
Sokolowski, A. H..........5550 Mitchell Ave., Detroit 11
Solberg, Lincoln E..........2021 Monroe, Dearborn
Soller, Alex S..........19309 Greenfield, Detroit 35
Solomon, A. B..........9559 Greenfield, Detroit 27
Solomon, Robert J..........15101 Southfield, Allen Park
Somerville, Thos. H..........36475 Five Mile Rd., Livonia
Sonda, Lewis P. (R)..........1553 Woodward Ave., Detroit 26
Sonda, Lewis P., Jr..........5132 Allen Rd., Allen Park
Sorock, Milton L..........19467 Livernois, Detroit 21
Sosa, Carlos M. A..........10824 Talbot St., Huntington Woods
Speck, Carlos C..........6742 Park Ave., Allen Park
Spector, Maurice J..........12938 E. Jefferson, Detroit 15
Sperry, Frederick L. (A)..........490 Arlington, Berkeley, Calif.
Sphire, Raymond D..........4160 John R St., Detroit 1
Spiegelmann, H. L..........15361 Plymouth, Detroit 27
Spiro, Adolph S..........13240 Harper, Detroit 13
Spiwak, Bertram J..........7407 Cathedral Dr., Birmingham
Springborn, Benj. R. (L)..........15818 E. Warren Ave., Detroit 24
Sprunk, Carl J..........2900 Oakwood Blvd., Melvindale
Squires, Walter M. (R)..........1616 S. 28 Ave., St. Petersburg, Fla.
Stalker, Hugh (R)....Cottage Hospital, Grosse Pointe Farms
Stamell, Benjamin B..........17000 W. Eight Mile Rd., Southfield
Stamell, Meyer..........14634 Greenfield St., Detroit 27
Stanton, James M..........1001 Mutual Bldg., Detroit 26
Stanton, Myron R..........3400 W. Warren, Detroit 8
Stapleton, Wm. J., Jr. (L)..........201 E. Kirby Ave., Detroit 2
Staricco, Renato..........3725 Fort St., Lincoln Park
Staryk, Steven E..........1010 N. Oxford Rd., Detroit 36
Statzer, Darrell E..........955 Fisher Bldg., Detroit 2
Staub, Howard P..........37625 Michigan Ave., Wayne
Staudt, Louis W..........1201 Pilgrim, Birmingham
Stearns, Alexander B..........7430 Second, Detroit 2
Stebbins, Chas E..........705 Northland Med. Bldg., Southfield
Steepe, Chas. A. D..........20867 Mack, Grosse Pointe Woods
Stefani, Andrew E..........1701 N. Renaud, Detroit 36
Stefani, Ernest L..........18455 Jas. Couzens Hwy., Detroit 35
Stefani, Raymond T..........13526 Stoepel, Detroit 38
Stein, Albert H..........19334 San Juan Dr., Detroit 21
Stein, Emory..........13115 Woodward, Detroit 3
Stein, Harvey S..........19075 Middlebelt Rd., Livonia
Stein, Saul C..........23105 Van Dyke, Van Dyke
Steinbach, A. L..........320 Merriweather Rd., Grosse Pointe 36
Steinberger, E. J. (L)..........6402 W. Fort, Detroit 9
Steiner, Fredk. B..........7675 Ridge Rd., Plymouth
Steiner, Gabriel (L)..........10 Peterboro St., Detroit 1
Steiner, S. D..........3044 W. Grand Blvd., Detroit 2
Steinhardt, Milton J..........10720 W. Seven Mile Rd., Detroit 21
Stellhorn, Chester E..........12900 W. Seven Mile Rd., Detroit 35
Stellhorn, Mary C. (A)..........16616 Mack Ave., Detroit 24
Stempel, Edward M..........18324 Fairfield Ave., Detroit 21
Sterba, Richard F..........1130 Parker Ave., Detroit 14
Stern, Edward A..........12710 Dexter Blvd., Detroit 38
Stern, Joseph W..........15101 W. Seven Mile, Detroit 35
Stern, Julian..........15121 W. McNichols Rd., Detroit 35
Stern, Leonard H..........19200 Aften Rd., Detroit 3
Stern, Louis D. (L)..........1553 Woodward Ave., Detroit 26
Stern, Sheldon D..........802 Mutual Bldg., Detroit 26
Sternhill, Vernon..........1800 Tuxedo, Detroit 6
Stevens, Chas. H..........Med. Concourse NC, Southfield
Stevenson, Chas. S..........411 Professional Bldg., Detroit
Stevenson, Lee B..........Henry Ford Hosp., Detroit 2
Stewart, Lula B..........8633 Dexter Blvd., Detroit 6
Stewart, Maitland N., Jr..........20905 Greenfield, Southfield
Stewart, Robert M..........15357 Farmington Rd., Livonia
Stewart, Marjorie (A)..........581 Golfcrest, Dearborn
Stiefel, Danl. M..........1553 Woodward Ave., Detroit 26
Stillwater, Karl..........18221 Pennington, Detroit 21
Stith, Dwight E..........505 Owen St., Detroit 2
Stobbe, Godfrey D..........Grace Hospital, Detroit 1
Stock, Thomas B..........19610 Middlesex, Southfield
Stocker, Lawrence L..........7310 W. 7 Mile Rd., Detroit
Stocker, Marvin L..........16401 Grand River, Detroit
Stockwell, Benj. W..........3919 John R St., Detroit 1
Stokfisz, Thaddeus..........7012 Michigan, Detroit 10
Stoller, Raymond..........25210 Grand River Ave., Detroit 40
Stone, Sidney L..........14620 E. Seven Mile Rd., Detroit 5
Stoyka, Michael R..........8487 Kenny, Detroit 34
Straith, Richard E..........2605 W. Grand Blvd., Detroit 8
Strand, Martin E..........22400 Cherry Hill, W. Dearborn
Strauss, Ernest G..........1326 St. Antoine, Detroit 26
Stricker, Henry D..........5624 W. Fort St., Detroit 9
Strickler, D. T., Jr..........22231 W. Outer Dr., Dearborn
Strickroot, Fred L..........3800 Bishop Rd., Detroit 24
Stronski, G. E..........9901 Whittier, Detroit 24
Stryker, Joan C..........21604 E. River Rd., Grosse Ile
Stryker, Walter A..........P.O. Box 31, Wyandotte
Stubbs, Clayton T. (R)..........126 S. Gratiot, Mt. Clemens
Stubbs, Harold W. (L)..........13930 Woodward Ave., Detroit 3
Subrin, Mayer..........18048 Woodingham, Detroit 21
Suen, Irene T. S..........3675 E. Outer Dr., Detroit 34
Sugar, David I. (L)..........18104 Oak Dr., Detroit 21
Sugar, H. Saul..........18140 San Juan Dr., Detroit 21
Sugarman, Marcus H..........15201 W. McNichols, Detroit 35
Sugayan, Norberto A..........Wayne Co. Gen. Hosp., Eloise
Sullivan, Hugh A. (L)..........1553 Woodward Ave., Detroit 26
Sullivan, Thomas M..........951 E. Lafayette, Detroit 7
Sullivan, Paul J..........761 Fisher Bldg., Detroit 2
Sultzman, L. Carl..........55 Vendome, Grosse Pointe Farms 36
Summers, Wm. A..........1553 Woodward Ave., Detroit 26
Summers, Wm. S. (L)....402 N. Palmway, Lake Worth, Fla.
Sutherland, Jacob M. (L)..........716 Pallister, Detroit
Suwinski, Raymond H..........9801 Conant St., Hamtramck 12
Swan, Donald C..........17000 W. Eight Mile Rd., Southfield
Swanson, Carl W..........936 Alter Rd., Detroit 15
Swanson, Robt. G..........17800 E. 8 Mile Rd., Detroit 36

Swartz, Fred G., Jr.....1329 David Whitney Bldg., Detroit 26
Sweeny, Donald N., Jr.............8445 E. Jefferson, Detroit 14
Switzer, Bertrand C. (R)..............................1862 Riverside, Columbus 21, Ohio
Syphax, Charles S........................1819 E. Davison, Detroit 3
Szabunia, Sigmund C..................19600 Van Dyke, Detroit 34
Szappanyos, G. G.......................Providence Hosp., Detroit 8
Szilagyi, D. Emerick............Henry Ford Hospital, Detroit 2
Szladek, Frank J.............4045 W. Jefferson Ave., Ecorse 29
Szmigiel, Alex J...............................20060 Kelly, East Detroit
Taber, Rodman E....................Henry Ford Hosp., Detroit 2
Tactac, Albert J...........................15244 Middlebelt, Livonia
Talbot, Frank G..................................1365 Cass, Detroit 26
Tallant, Edward J.....................18041 Greenfield, Detroit 35
Talley, Robt. W..........................Henry Ford Hosp., Detroit 2
Talmers, Fredk. N.............................V.A. Hospital, Dearborn
Tamblyn, E. J. (L)..................737 Marlborough, Detroit 15
Tanay, Emanuel...........................861 Fisher Bldg., Detroit 2
Tapert, Julius C.....................888 Chalmers Ave., Detroit 15
Tarpinian, Harry..................10955 Farmington Rd., Livonia
Tasker, Helen E.....................76 W. Adams Ave., Detroit 26
Tassie, Ralph N. (L).............15000 Gratiot Ave., Detroit 5
Tatelis, Gabriel A................1011 E. Grand Blvd., Detroit 7
Tatelman, Maurice...................1420 St. Antoine, Detroit 26
Taurence, Wm. H.......................1860 Ford Ave., Wyandotte
Taylor, Ivan B..30 N. Edgewood Dr., Grosse Pointe Shores
Taylor, Junius L.................2433 W. Boston Blvd., Detroit 6
Taylor, Nelson M.....215 Dean Lane, Grosse Pointe Park 36
Taylor, Richard A.....................28 W. Adams St., Detroit 26
Taylor, Ward M................2201 E. Jefferson Ave., Detroit 7
Taylor, Wm. V...........................17200 E. Warren, Detroit 24
Tazzioli, Henry A.....................21970 Moross Rd., Detroit 36
Tear, Malcolm J. J...........862 W. McNichols Rd., Detroit 3
Teitelbaum, Myer....................18510 Meyers Rd., Detroit 35
Tenaglia, Thos. A.......................3180 Fort St., Lincoln Park
Teves, Manuel L...............................13020 Mack, Detroit 15
Texter, Elmer C. (L).............7457 Gratiot Ave., Detroit 13
Thal, Alan P..687 Balfour, Detroit 36
Thomas, Alfred E..................................73 E. Palmer, Detroit 2
Thomas, Blanche M....................6535 Allen Rd., Allen Park
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Thomas, L. Murray....801 David Whitney Bldg., Detroit 26
Thompson, Arthur L.......................12632 Dexter, Detroit 38
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Thompson, Wm. A. (R)................12632 Dexter, Detroit 38
Thomson, Danl. C...................2934 Biddle Ave., Wyandotte
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Thumann, Robt. C...20045 Mack Ave., Grosse Pointe Woods
Thumim, Sadie..............................15306 Joy Rd., Detroit 28
Timma, Richard J.......16401 Grand River Ave., Detroit 27
Ting, Yoeh Ming.....................16024 Stratford Dr., Southfield
Tkaczuk, Dmytro..............10345 Joseph Campau, Detroit 12
Toal, Robert E.......................20953 Grand River, Detroit 19
Todoroff, Theodore G...............22146 Ford Rd., Dearborn 6
Tolbert, Vassal G.........3461 W. C. Chrysler Exp., Detroit 1
Tomsu, Chas. L. (L)....16521 Westmoreland Rd., Detroit 19
Torp, Raymond T.............722 Notre Dame, Grosse Pointe 30
Torres, Estelle P............................3985 Caniff, Hamtramck 12
Torres, Raul M., Jr.............3985 Caniff St., Hamtramck 12
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Tourney, Garfield...........................Lafayette Clinic, Detroit 7
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Truba, Paul K........................22770 Kelly Rd., East Detroit
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Trunsky, Ronald E.........................Sinai Hospital, Detroit 35
Trupiano, Samuel..........420 Eastland Prof. Bdg., Detroit 36
Trythall, S. W.......................................Box 33, Orchard Lake
Tseng, George T. C.........................Annapolis Hosp., Wayne
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Wolter, James G.......Mt. Carmel Mercy Hosp., Detroit 35
Womack, Melisande.......1800 Tuxedo, Detroit 6
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Wood, Douglas J.......2860 Clark Ave., Detroit 10
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Woods, Joseph J.......18255 W. McNichols, Detroit
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Worzniak, Jos. J.......2312 Biddle Ave., Wyandotte
Wreggit, Winston R.......17 Colorado Ave., Highland Park 3
Wright, Charles H.......50 Westminster, Detroit 2
Wruble, Jos.......411 Selden Ave., Detroit 1
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Wybranowski, Jan.......17644 W. Warren, Detroit 28
Wyche, Norvil.......525 Visger Rd., Ecorse
Wylie, John H.......Henry Ford Hosp., Detroit 2

Yarjanian, Ara.......3815 Pelham Rd., Dearborn
Yarrows, Morton I.......455 Medbury St., Detroit 2
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Young, M. O.......8445 E. Jefferson, Detroit 14
Young, Richard D.......18000 James Couzens Hwy., Detroit 35
Young, Viola M. (L).......10 Peterboro St., Detroit 1
Young, Watson A.......43691 Expressway, Belleville
Youngstrom, Clarence S.......8004 Lochdale, Dearborn

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Zaleski, Edward J.......4520 Firestone, Dearborn
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Zavell, Paul M.......1932 Broadstone, Grosse Pte. Woods
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Zawadzki, Edward S.......14961 Piedmont Ave., Detroit 23
Zbikowski, Jos.......Wayne Co. General Hosp., Eloise
Zbikowski, Z. T.......31500 Schoolcraft Rd., Livonia
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Zelenock, Michael N.......15830 Fort, Southgate
Zemaitis, Petras.......33000 Palmer Rd., Wayne
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Ziegler, Robt. F.......Henry Ford Hospital, Detroit 2

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Zirkin, Richard M.........................Sinai Hospital, Detroit 35
Zobl, Eldred..........................Dearborn VA Hosp., Dearborn
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Zuelzer, Wolf W.....................5224 St. Antoine St., Detroit 2
Zukowski, Henry J.....................72 N. Deeplands, Detroit 36
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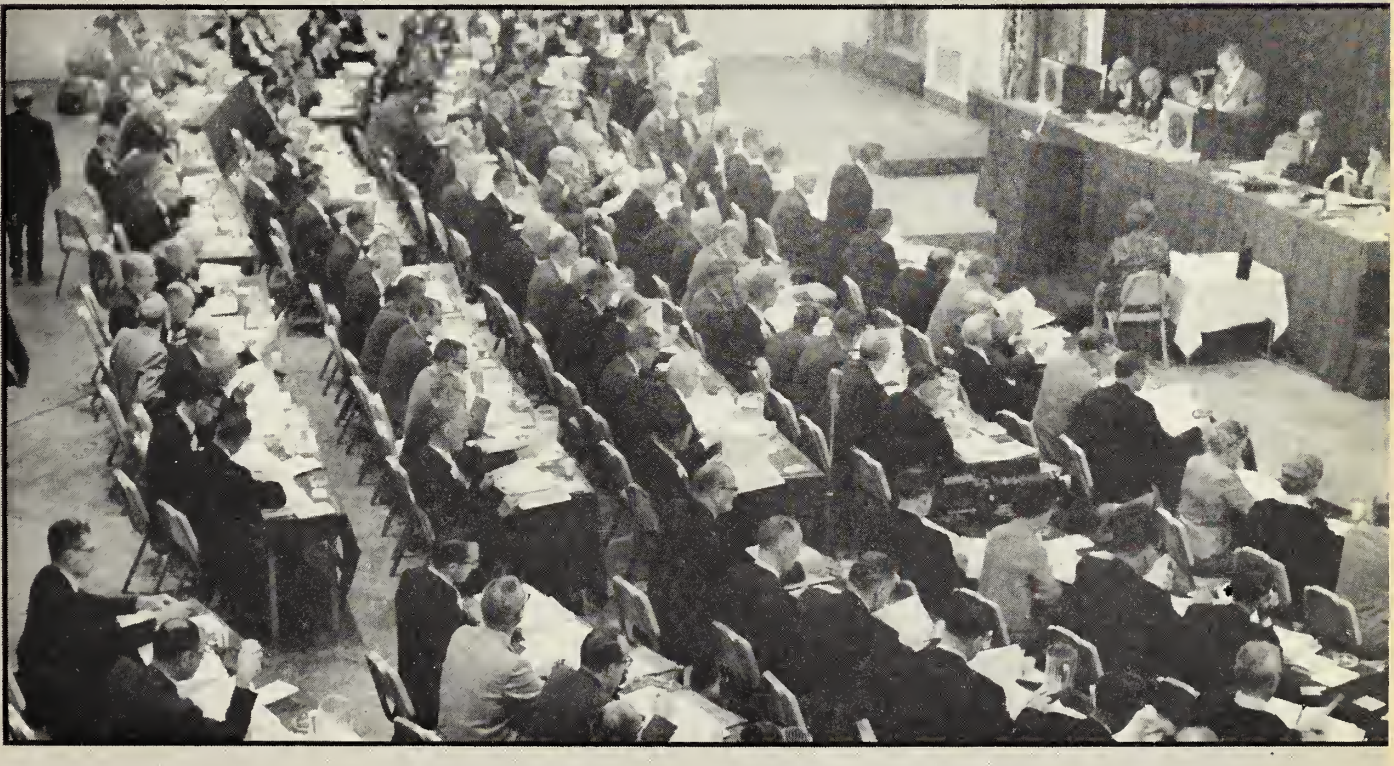

MICHIGAN STATE MEDICAL SOCIETY
99th ANNUAL SESSION, SEPTEMBER 20-22, 1964
DETROIT, MICHIGAN

This number is composed of two sections, of which this is Section 2

Michigan State Medical Society
Ninety-Ninth Annual Session
September 20-22, 1964

DIGEST OF PROCEEDINGS

1964 Digest Simplified for Quicker Reference

For convenient use of the *Digest of Proceedings,* the following procedure has been used:

Each report or resolution is followed immediately by the action of the reference committee on that report or resolution and then the House action on the report of the reference committee.

1964 House of Delegates Proceedings
Ninety-Ninth Annual Session
Michigan State Medical Society

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Michigan State Medical Society

Ninety-Ninth Annual Session

September 20-22, 1964

CALL TO ORDER AND SPECIAL REPORTS

1. Call to Order

The annual meeting of the House of Delegates of the Michigan State Medical Society, held at the Sheraton-Cadillac Hotel, Detroit, convened at 8:10 p.m., September 20, 1964, J. J. Lightbody, M.D., Speaker of the House, and L. F. Hayes, M.D., Vice Speaker of the House, presiding.

2. Report of Credentials Committee

Chairman R. E. Rice, M.D. reported: "Mr. Speaker, there are 135 delegates seated, not more than 50 per cent from any one county."

3. Invocation

The Speaker called upon R. R. Cooper, M.D., to give the invocation.

4. Address of Milford O. Rouse M.D., Speaker, House of Delegates, American Medical Association

(Dr. Rouse was introduced by William A. Hyland, M.D. Following are extracts from his address).

It is really a personal pleasure to be in Michigan, where so many excellent accomplishments in the fields of health care and medical organization have been achieved.

Helping the American Medical Association in carrying out its many activities, I have counted a total of forty-five Michigan men—including your fourteen delegates and alternates in the AMA House of Delegates, and thirty-one others who are members of commissions, councils and committees, officers of scientific sections, and members of editorial boards for AMA specialty journals.

However, there is always a place for more, and I should like to suggest that you let the AMA officers and Trustees know about any and all Michigan physicians with the ability and desire to serve medicine on the national level.

For example, we could use more men like Dr. William A. Hyland, Chairman of the AMA Council on Constitution and Bylaws and of the Committee on Communications; Dr. George W. Slagle, member of the Council on Medical Service, and Dr. Frederick C. Swartz, who has been quite busy as Chairman of the AMA Committee on Aging.

During the recent past, I can recall the outstanding work and service of such men as Dr. Jack DeTar and Dr. Robert Novy.

These are but a few examples, past and present, and many more names could and should be mentioned if one were to attempt a complete list of Michigan's contributions.

Involvement on the national level by members of state and local societies is vital if we are to keep open the lines of communication without which we cannot function properly.

A three-point communications program designed to improve the public relations position of the medical profession was endorsed by the AMA House of Delegates. This program, contained in the final report of the AMA Committee on Communications, recommends:

1. That county and state medical societies redouble their communications efforts and that expressions of support be issued whenever and wherever unjust attacks are made on the AMA.
2. That physicians and staffs of state and county medical societies become acquainted with members of the communications media in their areas, and provide them with factual information concerning the medical profession. Further, that they call to the attention of editors and station managers any misstatements of fact concerning the AMA or its activities; and if correct facts are not available locally, that the medical society contact the AMA for the information needed.
3. That the AMA make "every effort" to inform state societies of news releases or testimony before Congress as soon as possible, and that spokesmen for constituent societies refrain from commenting on statements and policies until they are aware of their contents.

In conjunction with this recommendation, the House asked the Board of Trustees to investigate the feasibility of establishing a wire communications system between AMA headquarters in Chicago and offices of state medical associations. This proposal is now under active study.

A five-point program for the future development of American Medical Association activities—including a stepped-up program of continuing education and an increase in dues—was suggested to the AMA House of Delegates by Edward R. Annis, M.D., outgoing President.

In his report to the House, Dr. Annis said his visits to various state and county societies during the past year had impressed him with the need for improved communications both among physicians throughout the country and between the medical profession and the public.

To meet this need, he suggested:

A comprehensive program of postgraduate education for the practicing physician "so that we can better educate ourselves." Noting the rapid advancements now being made in medicine, he said, "We need more programs whereby this information can be made available to physicians at home." He suggested that the AMA look into the possibility of closed-circuit television as one medium by which such information might be transmitted.

Dr. Annis also observed that of the nation's 1,929 county medical societies, only 220 have paid executive staff members. He suggested that the AMA develop training programs for staff members of its constituent organizations, and develop the capacity for aiding small medical societies which have no staff or only part-time staff assistance.

He recommended an expanded program of health education aimed at all levels of the American public. This would include, with the cooperation of state and county groups, such things as radio and television shows, health fairs, a health education forum, and increased activities by speakers bureaus.

It would possibly require establishment of a teletype or similar circuit linking AMA headquarters in Chicago with the headquarters of state and major county medical societies.

To finance the above programs, he suggested a series of dues increases, which ultimately might raise the AMA dues for the member physician from their present yearly level of $45 to about $100 a year.

Later in the meeting, a reference committee report proposing a dues increase on the national level was referred by the House to the Board of Trustees for study and a report at the 1964 Clinical Convention.

Dr. Annis placed much emphasis on activities conducted at the county level, and praised the work done by the 1,700 county societies without paid executives which "rely on busy doctors to take time from their prime purpose . . . to carry out programs suggested by their state and national organizations."

Many spokesmen—both in and out of medicine—have expressed intense concern over the rising tide of specialization in the United States during recent years. He said that while specialization has brought many valuable and diverse scientific achievements, it also carries with it risks, splintering effects, and the seeds for generating friction within the medical profession.

If we work together, if we open more paths of communication and cooperation between our various societies and between us and the people of this nation, then we can bring into being the goal sought by every physician who would follow our Oath.

Thank you very much.

5. Speaker's Remarks—J. J. Lightbody, M.D.

The introduction of resolutions will begin tonight as the last order of business. You will remember that at previous sessions resolutions could not be introduced until the Monday morning meeting.

As far as the resolutions themselves are concerned: When resolutions are called for tonight and at subsequent meetings, they will be presented in numerical order. The delegate who is to present a resolution will have the choice of reading the resolution by title only, or reading the Resolved portion of the resolution.

Each year there has been an increased number of resolutions, and each year we have tried to stimulate the interest of individual delegates and county medical societies in submitting their resolutions as early as possible so that they may be available to the delegates at the time of the mailing of the Handbook.

To further bring this point to the attention of the House of Delegates, I suggest that Chapter IX, Section 13 of the Bylaws be amended so as to include a deadline date for the submission of resolutions, and that resolutions submitted after that date could be admitted only after a two-thirds affirmative vote of the House. This cut-off date should be at least three weeks before the opening meeting of the House. A similar plan is in operation at the American Medical Association House of Delegates and has worked very satisfactorily.

During the past year between sessions of the House there have been seven House committees appointed and functioning. They have reports ready for the House. These committees are as follows:

1. Committee on Certificates of Commendation.
2. Committee on Constitution and Bylaws.
3. Committee on Emergency Care in Hospitals.
4. Committee to Study the Procedure of the House of Delegates.
5. Committee to Study Relationship Between M.D.s and Osteopaths.
6. Centennial Advisory Committee.
7. Committee to Study Section Representation in the House of Delegates.

The Committee on Certificates of Commendation will present its report tonight so that recipients of this award may be notified in time to be present at a subsequent meeting of the House.

The House of Delegates Committee to Study the Relationship Between Doctors of Medicine and Doctors of Osteopathy was combined with a similar committee of The Council, and this combined Committee report is being made available to the House and referred to the proper Reference Committee.

The ad hoc Committee to Study Procedures of the House of Delegates has made some excellent suggestions concerning the functions of the House in relationship to the format and agenda. A number of these recommendations are incorporated in this year's program.

All seven committee reports have been referred to reference committees.

To further inform the delegates concerning the implementation of last year's resolutions and other actions of the House, you will find in your Handbook a general summary of the business of the 1963 House of Delegates. This will give you considerable information as to what has transpired during the past twelve months.

As in previous years, the deans of our two medical schools have been invited to our meetings—Dean Hubbard, of the University of Michigan, and Dean Gardner, of Wayne State University. This year, for the first time, we have extended a formal invitation to Andrew Hunt, Jr., M.D., who is the new Dean of the two-year pre-clinical College of Human Medicine at Michigan State University.

We have also extended invitations to two senior and two junior medical students from each of our State medical schools, and also to two representatives of the Student American Medical Association.

Other distinguished guests who are present are: Mrs. R. J. Himmelberger, President of the Women's Auxiliary of the Michigan State Medical Society, and Mrs. Dorothy Brandis, President of the Michigan State Medical Assistants Society, who will present their greetings to the House at tomorrow morning's session.

At this time I am going to ask Dr. Rom, delegate from Wayne, to introduce the students from Wayne State University, and Dr. Towsley, of Washtenaw, to introduce the students from the University of Michigan.

In behalf of the House of Delegates, I want to welcome you young men of medicine to our meetings. You are invited to attend any of our reference committee sessions and any sessions of the House of Delegates.

This year, the installation of the new President will take place on Thursday evening, replacing the previous custom of having the ceremony in the House of Delegates on Tuesday evening. This change has been recommended particularly by the Committee of Past Presidents, who felt that a somewhat more elaborate and formal induction ceremony was indicated. This change, however, will leave us with two Presidents-elect for a period of two days, as the new President-elect will have been elected on Tuesday evening by the House of Delegates and the incoming President will not be inducted until Thursday.

In conclusion, your Speaker and Vice Speaker will do everything possible to make your attendance at this session an enjoyable experience, but at the same time appreciating the seriousness of our work and the necessity for orderly parliamentary procedures.

(The following report of the Speaker was presented to the Delegates in printed form.)

This is a brief review of the implementation of resolutions from the 1963 House of Delegates.

Resolution 1 requested component societies to make available sources of instruction in external cardiac massage to eligible persons in their areas.

This resolution was transmitted to component society secretaries and executive secretaries and subsequently component societies were requested for information regarding their implementation of the resolution. (See Annual Report of Committee on Cardiac Disease Control.)

Substitute resolution for Resolutions 2, 35, 41, 57 and 58 directed the establishment of a Liaison Committee with the Michigan Crippled Children Commission, recommended using services of hospital credentials committees in determining qualifications for elective surgery done under the afflicted children's program, urged the MCCC to continue its efforts to revise and update its fee schedule and to take steps to simplify its billing procedure.

The Council appointed a Liaison Committee which, at its meeting with MCCC representatives, urged the steps indicated above. (See Annual Report of Liaison Committee with Michigan Crippled Children Commission.)

With the help of the MCCC, the MSMS Research Director and legislative staff, a new fee schedule was adopted by MCCC and approved by the Legislature, at 75% of the fees set forth in the MSMS Uniform Fee Schedule for Governmental Welfare Agencies.

The Commission reported to The Council of MSMS in July that the regulations requiring consultation for elective surgery had been removed from its procedures.

Resolution 3 recommended Council study of legislation to form a State Medical Disciplinary Board. The Council referred this matter to the Legal Affairs Committee. A Legal Opinion was rendered that such a Board is not possible under present Michigan law and the matter was referred to the Liaison Committee with the State Board of Registration in Medicine. The Legislature appropriated additional funds for the State Board of Registration to improve investigative functions of the Board.

The creation of a disciplinary board, under the terms of the resolution, is not possible under the Michigan Constitution. (See Annual Report of Liaison Committee with State Board of Registration in Medicine.)

The Council at its July meeting directed the Liaison Committee with the Board of Registration to further explore this subject.

Resolution 4 recommended changing the name of the Section on Nervous and Mental Diseases to "Section on Psychiatry and Neurology." This resolution was referred for study to an ad hoc committee of the House charged with studying the entire section structure. The committee in its report to the House of Delegates recommends approval of this change.

Resolution 5 instructed AMA Delegates to introduce and support a resolution favoring compulsory social security for physicians. Such a resolution was introduced by Michigan Delegates at the 1963 Interim Session of the AMA House of Delegates at Portland, Oregon. It was not adopted by the AMA House of Delegates.

A similar resolution was introduced at the 1964 Annual Session of the AMA House of Delegates and was supported by the Michigan Delegation. Shortly thereafter, a bill was reported out of the Ways and Means Committee of the U. S. House of Representatives, which provides for compulsory inclusion of physicians under Social Security. This provision was deleted by the Senate Finance Committee.

Resolutions 6 and 64 reaffirmed MSMS endorsement of a single medical practice act. The House referred these two resolutions for study to the Legal Affairs Committee. As a first step in this direction, the Legal Affairs Committee directed an attempt to repeal the Basic Science Act. A bill to repeal this Act failed of passage in the 1964 Legislature. A single medical practice act is not possible under the present Michigan Constitution.

Resolution 7 advised Michigan Delegates to the AMA to introduce and support a resolution recommending approval of the principle of a tax credit and/or partial government subsidy of prepaid health insurance for the needy. Such a resolution was introduced at the 1963 Interim Session of the AMA House of Delegates at Portland, Oregon. It was not adopted by the AMA House of Delegates.

Resolution 8, regarding the ethical relationship of doctors of medicine and doctors of osteopathy in Michigan, was referred to the Committee on Medicine and Osteopathy. Resolution 42 on this same subject was disapproved by the 1963 House since its intent was contained in Resolution 8.

Resolution 9 recommended that doctors of osteopathy be represented on the Michigan Medical Service Board of Directors. No action was taken on this resolution by the House since the matter was before the corporate body of Michigan Medical Service.

Resolution 10 directed that special assessments of MSMS membership be listed on dues statements as such and not included as dues. The MSMS Membership Director has been requested to apply this policy when such assessments are authorized in future.

Resolution 11 recommended that component societies establish mental health committees to work with local mental health boards in developing local mental health programs. By means of the County Societies Letter, component societies were urged to establish community mental health study committees.

Substitute Resolution for Resolutions 12, 19, 20, 21, 22, 23, 32, 33, 45, 47, 55, 60, 61, 67, 69, and 70 directed that the Relative Value Scale be not implemented but be studied further by the Relative Value Study Committee, and that any revised scale be submitted to MMS for monetary interpretation only, without implementation, and returned to the House of Delegates at a special or the next regular meeting. This entire matter is still being studied by the Relative Value Study Committee. (See Annual Report of Committee.)

Resolutions 13, 14, 15, 16, and 18, dealing with MSMS recommendations on reorganization of state government, were referred to the Legal Affairs Committee by The Council. The Committee transmitted the policies expressed in the resolution to the appropriate executive and legislative authorities and made known to the Governor the MSMS policy position. Follow-through is still in process since the reorganization of state government will continue through 1964.

Resolution 17 on this same subject was disapproved by the House.

Resolution 24 urged legislation to permit health insurance pooling plans in Michigan. The 1964 Legislature enacted enabling legislation for such pooling plans.

Resolution 25 authorized presentation of a plaque by the House of Delegates to retiring Executive Director Wm. J. Burns in recognition of his long service to MSMS. This plaque was presented to Mr. Burns during the 1963 Session of the House.

Resolution 26 called for MSMS support of a compulsory motor vehicle inspection law. MSMS supported such a bill in the 1964 Legislature, but the bill died in committee.

Substitute Resolution 28 directed that 75-80% of the Public Health and Legal Affairs Committees membership be composed of physicians in private practice. This policy was followed in 1963-1964 committee appointments and has been noted for future committee appointments.

Resolution 30 directed that certain questions regarding Michigan Medical Service future operation be referred to component societies for their consideration, discussion and crystallization of membership opinion. Such a questionnaire was sent to component society secretaries and a report of the replies has been supplied to the appropriate reference committee of the 1964 House of Delegates as background information.

Resolution 31, urging MSMS support of a third medical school at Michigan State University by the expansion of the present two-year program, was referred to The Council for study. The Council referred this question to the County Societies Committee which is continuing its study and review of developments at MSU in the light of this resolution.

Resolution 34 strongly urged that non-emergency medical care in hospitals be not a contract benefit of Michigan Hospital Service. This resolution was referred by the House to the Standing Committee on Emergency Care in Hospitals. (See Annual Report of Committee.)

Resolution 36 directed MSMS to give full support to the observance of Community Health Week. The AMA Community Health Week kit, supplemented by additional material from MSMS and Michigan Health Council, was distributed to all component societies. Several television appearances were made, as well as many appearances of doctors at service clubs, and radio spots by MSMS President Johnson, were furnished all radio stations in Michigan. AMA advised that the Michigan observance of Community Health Week was one of the best in the country.

Resolution 37 directed that the House of Delegates consider presentation of a tangible token of appreciation to retiring Executive Director Wm. J. Burns. At the 1963 State Society Dinner Dance in Grand Rapids, a suitable presentation was made to Mr. Burns.

Resolutions 38 and 39 were disapproved by the House.

Resolution 40 reiterated MSMS policy of embracing all ethical doctors of medicine without regard to race or creed. This resolution was conveyed to component societies by letter.

Resolutions 43 and 44 were disapproved by the House.

Substitute Resolution 46 directed development of a continuing program of acquiring medical identification items and making them available to physicians at no cost, upon request, for distribution to patients, and also the publicizing of such devices at the Michigan Health Fair.

This matter was referred to the Public Relations Committee. In implementing the recommendations of the House, all MSMS members were sent samples of the medical identification material with a covering letter inviting physicians to order supplies for distribution to their patients.

The recommendation regarding the Michigan Health Fair will be implemented at the proper time.

Resolution 48 directed initiation and maintenance of a program to publicize the harmful effects of cigarette smoking, and to promote an education program, particularly in schools and homes, to keep young people from starting the habit of smoking.

This matter was referred to the Cancer Control Committee which developed a plan for distribution of material on smoking and health for doctors' waiting rooms (through the Michigan Cancer Coordinating Committee). The Committee co-operated with and supported a pilot program of developing teaching manuals for use in Michigan schools. (See Annual Report of the Cancer Control Committee for details.) The Council also supported a Michigan Department of Health budget request for an educational campaign for youngsters, which failed of passage.

Resolutions 27 and 29 on this same subject were disapproved by the House.

Resolution 49 was withdrawn by the introducer, and the House recommended no action on Resolution 50.

Resolution 51 recommended that hospital staffs and psychiatric associations in Michigan make liberal use of psychiatrists in a consulting capacity. This resolution is presently under study by the MSMS Committee on Mental Health.

Resolution 52 instructed Council support of federal legislation to amend the Internal Revenue Code to provide for deductions of premiums of prepaid health insurance by any taxpayer for himself or his legal dependents. The Council transmitted the sense of the resolution to Congressmen.

Resolution 53 commended the Kent Medical Foundation and Joseph R. Lentini, M.D., for conducting the May, 1963, Health Fair. This resolution was transmitted by letter to Doctor Lentini and to the Kent County Medical Society.

Resolution 54 commended Joseph C. Foust, M.D., of Ionia, for his humanitarian work in East Africa. This resolution was transmitted by letter to Doctor Foust.

Resolution 56, authorizing the Michigan Health Fair, was referred to The Council for implementation. The Council has delegated development of details to the Committee on Arrangements for the Health Fair.

The House recommended no action on Resolution 59.

Resolution 62 recommended election of a delegate to the MSMS House of Delegates from each of the presently authorized and established specialty sections of MSMS. The House recommended that an ad hoc committee be appointed to study the whole section structure, including definition of qualifications for membership in the diverse sections, and referred this resolution to such a committee for study. (See Report of Ad Hoc Committee to Study Section Representation in House of Delegates).

Resolution 63 recommended that The Council consider development of a code establishing guidelines for the function of liaison committees of component societies with the pharmaceutical profession. This resolution was referred to the Liaison Committee with the Michigan State Pharmaceutical Association. (See Annual Report of this Committee).

Resolution 65 directed that every member of hospital boards of trustees be informed of the MSMS position that each hospital board should have one or more physician members.

At the direction of the 1962 House a letter was sent to the chairman or president of Michigan hospital boards of trustees urging appointment of M.D.s to the board.

The Council was faced with the question of how to implement this 1963 resolution since no list of hospital board members is available from any state or national organization. The question of possible methods of implementing Resolution 65 was referred to the Hospital Relations Committee for advice.

Resolution 66 recommending MSMS support of University Hospital at Wayne State University, was not acted on by the House. The House requested that this resolution be referred back to Wayne County Medical Society with the recommendation that specific action be taken by WCMS and a report brought back to the next session of the House of Delegates. This instruction of the House was communicated to Wayne County Medical Society.

Resolution 68 recommended that Michigan Medical Service be advised that participating and non-participating physicians should be treated alike.

Michigan Medical Service, under the terms of the consent judgment of the court, was obliged to take action contrary to the intent of this resolution (effective December 1, 1963).

Resolution 71 endorsed Governor Romney's plan for fiscal reform. No further follow-through was indicated.

Resolution 72 commended Otto K. Engelke, M.D., for his work as chairman of the MSMS Legal Affairs Committee. No further follow-through was indicated.

Resolution 73 was disapproved by the House.

Resolution 74 was disapproved by the House.

Resolution 75 recommended appointment of a committee to study the present procedures of the House of Delegates. Such a committee was appointed and will present a report to the House of Delegates. (See Annual Report of Ad Hoc Committee to Study Procedures of the House of Delegates.)

THE REFERENCE COMMITTEE on Reports of Officers, Robert M. Bookmyer, M.D., Chairman, commended the Speaker for his brief remarks which do not reflect the time devoted to this position. The Committee also noted the Speaker's review of the implementation of resolutions from the 1963 House of Delegates.

THE HOUSE adopted the report of the Reference Committee.

6. President's Address—Orlen J. Johnson, M.D.

Speaker Lightbody, Officers of the Society, Vice Speaker Hayes, Delegates and Guests:

Two years ago, from this podium, I expressed the wish that tonight and twenty years from tonight we remain a united, free profession in order that we could continue to give the greatest and best medical care in the world.

The two intervening years have been full, very gratifying and educational. As a mere unit in the organization I have seen The Council, committees and the staff meet and work on matters before them with renewed effort. You will find in The Council and committee reports projects and plans for programs which manifest increased leadership by the Society. They are evidence of much thought and work by physicians to bring the best medical care to the people of Michigan. All fields—postgraduate education, the Journal, membership and the rest—are being updated.

The seemingly inexorable movement of politicians and socialists which would enslave the American public in the Great Society demands cohesive action by the medical profession. There was a front-page statement by Michigan's senior senator that the 1964 medicare bill lays down a principle which can be broadened later—and broadened it will be if it is once established.

The issue of government in medicine is not dead. When, and the direction this program will take, are uncertain; but it will always be with us.

Effective increased action can be attained only by physicians in every county and state. This will need expanded medical society organizations, as experience has shown many times.

For this purpose, the American Medical Association has under consideration a rather marked increase in dues. A report will be given to its House of Delegates in two months. Few can question the effectiveness of the American Medical Association in education, science and organizational activity. Equally or more important is the need for expanded state and county society activity. This requires added financing. I would not be so bold as to recommend doubling dues, but provision should be considered for increasing our staff activity. The study of MSMS organization and program the first of this year, plus our visits to county societies, make this apparent.

Study of the experiences in other countries as well as here shows that we must make an increased effort in legislative elections, both national and state. Fundamental preparation to establish arrangements and programs for equitable consideration of medical services and participation is a must.

In Michigan, the 1959 Fee Schedule for Governmental Agencies is a poor minimum—yet it has not been adopted in all counties. There can be do doubt that local government administration is more efficient, less costly and desirable.

The pattern of local determination was set in the Kerr-Mills Act. Let us preserve it. Remember, the broadened programs espoused by the socialists are not for welfare or indigent patients. They are for people who have been and actually still are able to obtain their medical care. Recognition of these facts is fundamental in dealing with these programs.

During several years of working in this organization, many times there has been confusion from action by this House of Delegates. In some instances it was difficult to determine the intent of resolutions as passed, or they could not be implemented, or they were too restrictive. Since this is the policy-making body of the Michigan State Medical Society and it meets only once a year, it is my considered and respectful opinion that the Society work and functioning of The Council would be enhanced and the leadership of the House greater if the deliberations of the House were confined for the most part to the establishment of policies rather than to the listing of specific procedures to implement policies.

It has been my privilege and duty to visit other houses of delegates of other state medical societies, and in many of them it is the policy of the House that resolutions be introduced early enough so that they can be printed and the delegates can study them and take them to their constituent society prior to their deliberations. There has been a resolution introduced which would require this of your House of Delegates, and I suggest that you seriously consider such a procedure. It is not a handicap to your deliberations, but rather would add greatly to the effectiveness of your actions.

Oliver McGillicuddy insisted that I tell you what a good President-elect he has been. [*Laughter*] Without having my arm twisted off, I shall tell you that he has been of great help. He is serious, he is interested, and whenever called upon he has responded. I think you can look forward to a great deal of effort on his part to serve the purposes of his office in the Michigan State Medical Society in his coming administration.

I am sure you are all aware that the work of this Society takes considerable time, and I would like to express my appreciation to my wife for her consideration and devotion to the practice of medicine. She has been a great help.

Fortunately for you, I have had the outlet of the President's Page and the opportunity to make a few speeches, so my verbosity is reduced today. However, I commend the study of Michigan State Medical Society organization and activity made by our staff and Professor Hardwick. I have been astounded by the energy, efficiency, loyalty and ability of the headquarters staff. Their assistance to me, to The Council and to the medical profession has been outstanding. To them all I am grateful.

I cannot pass without mentioning the great services that have been rendered to this Society and to the public and to medical education by John Sheldon. You have a resolution on this. It is with extreme regret that he will be unable to continue to contribute so much to medicine. It is even more regrettable that we have the condition which requires his withdrawal.

Special tribute should be paid to those members of the Michigan State Medical Society who devote to the medical profession and this organization endless hours of their great ability. This contribution by physicians to their profession and the public has been the highlight of my great experience as President.

Thank you very much.

THE REFERENCE COMMITTEE on Reports of Officers, Robert M. Bookmyer, M.D., Chairman, noted the President's remarks reflected a small portion of the time Doctor Johnson has spent in leading the MSMS to a successful year, and recommended that the House take due cognizance of the daily dedication of President Johnson during his time in office.

THE HOUSE adopted the report of the Reference Committee.

7. President-Elect's Address—Oliver B. McGillicuddy, M.D.

Mr. Speaker, President Johnson, Mr. Vice Speaker, Mrs. Himmelberger, Mrs. Brandis, Members of the House of Delegates and Guests:

As President-elect of the Michigan State Medical Society I address you today, proud of this honor and humbly aware of the fine attributes of my predecessors. Of these, our President, Orlen J. Johnson, has set a precedent that will be difficult to emulate. He has made splendid contributions to our Society and has given most conscientious devotion to his duties. I hope I can do as well.

Your Michigan State Medical Society is one of the finest state societies in the American Medical Association. It has innovated many firsts, but it has been on occasion slow to adopt some meritorious policies of other states.

Many states have adopted a judicial plan to complement their legislative House of Delegates and administrative Council of Trustees.

I see three phases of jurisdiction for a high-level Judicial Council or Board in Michigan: Ethics and mediation, grievances between patient and doctor, and utilization.

First is the problem of ethics and mediation. No group of people in the world have a higher sense of the lofty plane of ethics than doctors. However, there are exceptions in our ranks who damage the image of medicine and hurt all conscientious physicians. Most of these detractors can be controlled and disciplined on the local level, but occasionally a strong State facility should be available.

We have had an excellent Ethics Committee for years, but many problems referred by county medical societies and their members to the State are handled by the Chairman of The Council and our Legal Counsel. It is my opinion, having tried to settle some of these problems in the past, that an informed Board, with the advice of Mr. Dodd, could have arrived at a much more definitive and satisfying solution. Too many of these serious conflicts between doctors or between doctors and their county so-cities have been swept under the rug with neither party being satisfied.

This House of Delegates recognized the need in Resolution No. 3 presented last year. This resolution, advocating a Disciplinary Board with strong powers, was referred to The Council for study. The Council in the intervening year has been very much concerned with this resolution. It has been studied by our Legal Affairs Committee and by Legal Counsel Lester P. Dodd. They concluded that it would be unconstitutional for such a body, elected by the House, to have the authority suggested in the resolution.

The Legal Affairs Committee concluded, on the basis of this legal advice, that the power, such as cancelling a license to practice of an errant doctor, would have to remain with the State Board of Registration in Medicine. They expressed the opinion, however, that the efficiency of the Board of Registration in these matters would be greatly enhanced by an adequate budget approximating the amount of monies now collected from M.D. registration, much of which now goes to the General Fund of the State.

My conception of a State Judicial Board is not so much one of discipline but of arbitration. Smaller county societies are particularly in need of an agency which will arbitrate disputes between doctors, between doctors and their county societies, and between doctors and their hospitals. The close familiarity of the contendents in these areas often makes impartial solution impossible.

Secondly, there are the patient-doctor grievance problems. Certain large county societies, notably in Arizona and California, have achieved commendable public relations in their much-publicized Grievance Committees. In these plans, both patient and doctor sign legal documents to the effect that the parties will abide by the decisions of the Committee. If the Committee finds the doctor is at fault, they insist on compensation to the patient in cases involving malpractice. In fee disputes they may find that the disputed fee is reasonable or that it is too high, or occasionally they may be recommend that it be cancelled.

If they find the doctor to be in the right they assure him of their complete support, and in these counties malpractice suits that reach court have greatly decreased in number.

These are large county grievance committees, but many states have augmented them with judicial councils or boards to arbitrate cases referred by county societies. I feel that Michigan needs such a board.

There are those who will be vocal in disagreement, those who will claim this sort of Board is an admission that the medical profession is a conscience-stricken group riddled by guilt obsessions and grovelling in its attempt at placating its discreditors. This, I contend, is not true, but rather that such a Board is further evidence of our determination to give the public honest medical care of the highest quality, and that we are on record as insisting on this quality.

Third is the problem of increased utilization. Quoting from the report of the Commission on the Cost of Medical Care: "During the past decade there has been a growing realization that a continuance of the American system of private practice is dependent, in a large measure, on the success or failure of voluntary health insurance and other prepayment mechanisms."

The many variations of utilization abuse, not only of Blue Shield but of commercial insurance, which require a State-level Board for arbitration, warrants as dignified and dedicated a court as we can muster. The solutions are not easy but many states have already established tribunals with very real disciplinary powers.

These utilization abuses range from outright fraud (a small percentage) to innocent, but perhaps unnecessary, over-use of insurance.

A recent Blue Shield directive states: "The frequency of services for providing care under the Michigan Blue Shield contracts has been increasing at the rate of 11 per cent a year or a three-year composite of 35 per cent, with a one-year cost increase of $6.2 million." This for approximately the same insured persons.

Quoting again from Blue Shield: "This may constitute good quality of care, but it is the duty of the Michigan State Medical Society and Michigan Medical Service to carefully study the problem and evaluate it."

There have been expressions that this is Blue Shield's problems; but actually commercial companies are as concerned, and you know who is being blamed for increased medical costs.

This is primarily a problem for local utilization committees. A State Judicial Board would function in an advisory capacity with perhaps district subcommittees to aid in the study of this problem.

Without presuming on your prerogative, this Board might consist of ten doctors elected by you for three-year staggered terms, or perhaps nominated by the House and elected by the membership of the Michigan State Medical Society, perhaps one doctor from each two combined Councilor Districts, three from Wayne County.

This would require changes in our Bylaws, substituting the Judicial Board for The Council wherever designated in Chapter VI, and for the State Ethics and Mediation Committee, which would be discontinued. Its duties in grievance and utilization would have to be spelled out.

Then, it would be my hope that, having established itself as a serious, studious body, the day might come when the State Legislature would grant it immunity from libel and might eventually endow it with authority similar to that now so effective in the legal profession's Committee on Grievances.

This Board, if adopted, should be autonomous and not dependent on The Council, and only responsible to the House of Delegates for its election.

Such a judicial body when duly elected would consider matters referred to it by county societies, and would stand ready to arbitrate problems of ethics and mediation, grievances and utilization, and possibly later discipline.

It would also be available for individuals appealing from a county medical society decision or inaction.

If this sounds like too much dictatorial power, reflect that we owe the people of this State no less.

This House of Delegates may well find it impossible or impractical to change the Bylaws and determine the minutia of such a Board at this session.

I would suggest that this House of Delegates approve the principle of a Judicial Board and authorize the establishment of a Judicial Commission, appointed by the Speaker or President of the Michigan State Medical Society, to prepare recommendations providing for a permanent Judicial Board and system to become effective following the 1965 Annual Session of the Michigan State Medical Society.

In the coming centennial year of organized medicine in Michigan, I implore all of you to use your considerable influence to advance the prestige of the Michigan State Medical Society.

I am cognizant of the honor you have paid me, determined to justify your trust, and thrilled by the opportunity of serving this fine organization.

THE REFERENCE COMMITTEE on Reports of Officers, Robert M. Bookmyer, M.D., Chairman, noted the speech of the President-Elect revealed a keen awareness of the problems facing physicians and agreed in general with his recommendations as to the establishment of a Judicial Commission. (No further action was taken on this matter since a resolution on the Judicial System had been introduced.) The House was urged to take due cognizance of Doctor McGillicuddy's devotion and splendid work during his term of office.

THE HOUSE adopted the report of the Reference Committee.

8. Report of Michigan Delegates to American Medical Association—Wm. A. Hyland, M.D., Chairman

Mr. Speaker, Members of the House of Delegates, and Friends of the Michigan State Medical Society:

This report, which is in your Handbook, covers 45 pages and is divided into three parts: First, the report of the House of Delegates of the AMA; second, the report of a portion of the scientific session; third, the final report of the Communications Committee on the AMA.

Mr. Speaker, in my allotted time I would like to hurriedly run over portions of the Communications report.

I would also call to your attention that a possible raise in AMA dues was discussed. This was deferred on motion of Dr. Don Sweeny until the Board of Trustees could further study the necessity and outline more specifically some of the needs for such action and report to the House at its meeting next November and December in Miami.

The Communications report has recommendations of studying the possibility of some manner of the Executive Office of the American Medical Association being in closer touch with state and county societies in order to have at least overnight contact, informing these offices of important decisions and answers to questions that are of national and immediate import. This will not be expensive and should require no or very little increase in dues.

You all are no doubt aware of the Executive Office of the American Medical Association endeavoring early this month to obtain time on the three major television outlets for announcements relating to its stand on medical care. I quote a bulletin from the American Medical Association of September 8 last:

"TELEVISION NETWORKS DENY TIME TO AMA DRIVE

"The three major television networks—NBC, CBS and ABC—have refused to sell time to the American Medical Association for a series of one-minute commercials opposing the Administration's Medicare Plan now before Congress.

"Network spokesmen said such a sale would violate a long-standing policy of refusing to sell time by the minute for discussion on controversial issues, except for political commercials during an election campaign.

"Hits Network 'Censorship'

"Dr. F. J. L. Blasingame, Executive Vice President of the AMA, said the Association's campaign is intended to inform the public about free health care already available to the elderly who cannot afford to pay. He accused the networks of censorship of 'the people's right to know what is available to them.'

"He said the educational program is not intended to influence congressional action on pending legislation, since it is not to begin until October.

" 'By then Congress will have disposed of Medicare legislation and adjourned. If the controversial Medicare tax proposal is mentioned in our program, it will only be for the purpose of showing that such proposals are unnecessary because of the generous benefits existing under the Kerr-Mills law and other state and local health programs. We simply want to give the undeniable facts about the programs available.'

"Planned for 'Health Week'

"The AMA project is scheduled to coincide with the observance of Community Health Week, October 18 to 24. The AMA has engaged Fuller, Smith & Ross, advertising agency, to handle the television phase of the campaign, which would also utilize the newspapers and radio. A spokesman for the agency said the AMA would attempt to place the advertising on local TV stations in various cities.

"The AMA will rely on state and local medical societies to promote its health plan. Pamphlets will be distributed to the public. A 30-minute TV production is also in preparation."

(End of Bulletin)

The American Medical Association plans to spend about one million dollars in reaching the people through this type of medium, as a recent survey stated the American Medical Association's position on Medicare had made a much greater impression and won more comments during the last few months than at any time during the last several years—the feeling being that the people are really becoming more aware of what it is all about.

I would be remiss if I did not add my deepest appreciation to all the delegates from the Michigan State Medical Society to the American Medical Association for their at all times intense interest and covering all phases of the House reference groups and excellent discussion and advice. The group attended and discussed at many reference conferences a great number of the resolutions presented.

I would also like to include the Michigan State Medical Society officers and executive staff for their co-operation.

With appreciation also to the Michigan State Medical Society House of Delegates for allowing us to serve you, this report is respectfully submitted.

Thank you.

THE REFERENCE COMMITTEE on Reports of Officers, Robert M. Bookmyer, M.D., Chairman, reported: "This Reference Committee feels that the Michigan State Medical Society has had excellent representation at the American Medical Association Session. We pay tribute to our delegates for the time and effort expended in our interests. It is the feeling of this Reference Committee that the Delegates acted in our best interests, guided by the knowledge and experience of the medical and political talents of the American Medical Association.

"Your Reference Committee wishes to express its approval of especially two committees of the American Medical Association. The Reference Committee wishes to commend Dr. Hyland for his work as Chairman of the Communications Committee. His recommendations to the AMA will be discussed at Board level and then the recommendations will be referred back to the AMA House of Delegates.

"The Reference Committee also wishes to express its approval of the excellent work done by the AMA Council on Medical Service in the Report on Physician-Hospital Relations, June, 1964, and this Reference Committee recommends that this Report be made available to all hospital administrators in the State of Michigan by the executive office of the Michigan State Medical Society."

THE HOUSE adopted the report of the Reference Committee.

9. Report of Michigan Medical Service—Sidney Adler, M.D., President

(Mimeographed copies of the Summary of the MMS Annual Report and Supplementary Report were distributed to the Delegates.)

Before proceeding with my formal remarks, I would like to thank President-elect McGillicuddy for his most sincere and timely remarks regarding utilization. He has outlined the problem with candor and determination. To Dr. McGillicuddy and to this House of Delegates the Michigan Medical Service pledges every resource and every ounce of energy at its command. I am confident that together we can and will find meaningful answers to our problems.

One year ago, when Michigan Medical Service came before this House of Delegates, we were concerned about our financial stability. Today I am proud to report to this House of Delegates that Michigan Medical Service is in the best corporate condition in its 25-year history. Administrative costs are below the national average. The number of participating physicians has increased. Service benefits are at an all-time high. Claims are being handled more accurately. Our professional relations continue to improve. Our political and public relations sears are healed. Our fiscal position was never better.

Today's report concerns two items: (1) the Motor Negotiations, and (2) the New York State Department of Health Medical Audits.

1. *The Motors Negotiations*

The medical care as written at the bargaining tables by the UAW-CIO and Chrysler Corporation is as follows:

(1) Under nervous and mental benefits, inpatient services have been extended from 30 to 45 days.

(2) A psychiatric care program has been adopted to include services rendered in physicians' offices, night and day care centers, and the outpatient department of hospitals. These benefits are for service based on each hour or half hour of therapy, the maximum liability per patient being $400 per year. Included are variable contributions by the subscriber, depending on the number of visits.

(3) Hospital and professional services have been provided in facilities other than acute general hospitals; these include nursing and convalescent homes. As you know, the American Medical Association has recommended that physicians participate in area-wide planning in all these types of institutions. Fees to physicians will be covered in these institutions.

(4) In obstetrics, pre- and postnatal care have been included for subscribers.

(5) The 270-days' waiting period in obstetric cases will be waived and immediate maternity will be provided as a benefit for new hirees.

(6) Class II deductibles will be waived for services rendered on an inpatient basis.

(7) Coverage will be extended to all dependents up to age 25 who meet the eligibility requirements of our family continuation program and to children totally disabled at any age who meet certain eligibility requirements.

We anticipate the story will be substantially the same at the Ford Motor Company and ultimately General Motors Corporation.

The above scope of services will not become effective until September, 1966. This gives the medical profession time to analyze all aspects of this program. The Board of Directors of Michigan Medical Service has not yet had an opportunity to review the program. I report this to you for informational purposes only.

2. *New York Medical Audits*

Ten days ago I was visited by physicians representing the New York State Department of Health. They wanted Michigan Medical Service's ideas and help in developing methods to study and analyze the frequency-of-use patterns.

They told us that the New York Legislature had passed a law in 1963 ordering the State Health Department to investigate utilization. I will read that section of the law pertinent to this discussion:

"Make such scientific studies and research which have for their purpose the reduction of morbidity and mortality and the improvement of the quality of medical care through the conduction of medical audits within the State.

"In conducting such studies and research, the Commissioner is authorized to receive reports on forms prepared by him, and the furnishing of such information to the Commissioner, or his authorized representatives, shall not subject any person, hospital, sanitarium, rest home, nursing home, or other person or agency furnishing such information to any action for damages or other relief.

"Such information when received by the Commissioner or his authorized representatives shall be kept confidential and shall be used solely for the purposes of medical or scientific research or the improvement of the quality of medical care through the conduction of medical audits."

For your information, the New York representatives said their audits were just getting under way.

They said the medical audits will be done both in and outside the hospital.

THE REFERENCE COMMITTEE on Medical Service and Prepayment Insurance, James B. Blodgett, M.D., chairman, recommended acceptance of the summary of the annual report presented to the House by Doctor Adler, and commended Dr. Adler for his continuing fine service to the people (House Amendment: "and the physicians") of Michigan through Michigan Medical Service.

THE HOUSE adopted the report of the Reference Committee as amended.

10. Report of Woman's Auxiliary to Michigan State Medical Society—Mrs. R. J. Himmelberger, President

Speaker Lightbody, Officers of the Society, Vice-Speaker Hayes, Delegates and Guests:

It is a real privilege to come before you today and to tell you in a few words of our activities during the past year. My complete report is printed for you to read.

Today we have a membership of approximately 3,201, which is about half of our potential membership. There are forty-three organized counties.

Our program is diversified and geared to the needs of the community. Our AMA-ERF Chairman is a very alert and hard-working woman. Our contribution to the AMA-ERF National Fund was $16,312.84, an average of $4.99 per member, with only 80 per cent of the counties participating.

Mental health has played a big part in our program. Many counties assisted in programs in hospitals and training centers for handicapped children. The Auxiliary made itself available to the Michigan Department of Mental Health for volunteer work as administrative assistants in the current planning program for mental health and illness.

The International Health Committee reported astounding results, with thousands of pounds of sample drugs sent to World Medical Relief and other organizations, and many thousands of pounds of equipment was sent to establish hospitals and clinics throughout the world. All of this was made possible through the cooperation of the doctors and the medical assistants.

Recruitment in health careers has continued as one of our major projects, and many scholarships and loans are offered.

Much has been said about driver education and seat belts, safety in the home and on the farm, as well as on the highway. We have been asked to become a member of the Woman's Division of the Michigan Safety Conference. This is the 22nd year we have participated in the tuberculosis and respiratory disease speaking project, and over 3,000 students participated in this project.

We have accomplished this and much more with less than half of our potential membership. You may be tired of having us ask you to go home and ask your wives if they are members and, if not, why not, and urge the county society to see the need of increasing the Auxiliary membership. We need your help.

I want to thank the Auxiliary officers, chairmen and members for their help and a job well done. I also want to thank the State Medical Society and the Advisory Committee for all the assistance they have given the Auxiliary, and especially the assistance they have so graciously given me.

Thank you.

THE REFERENCE COMMITTEE on Reports of Officers, Robert M. Bookmyer, M.D., Chairman, reported: "This Reference Committee thanks Mrs. Himmelberger for the report of her activities as President of the Auxiliary. We recommend to the House that a strong plea be made to members of component medical societies to encourage membership of their spouses in this organization.

We admire the Auxiliary's excellent contribution of almost $16,500 to the American Medical Association Education and Research Foundation. We commend them on their work in Operation Home Town, the International Health Committee and their volunteer work in mental health, TB and respiratory disease projects, and their work with the Student Auxiliary of the American Medical Association. We wish them success in their recruitment program in the year to come.

THE HOUSE adopted the report of the Reference Committee.

11. Report of the Michigan State Medical Assistants Society—Mrs. Dorothy Brandis, President

President Johnson, Speaker Lightbody, Delegates and Guests:

Good morning. It is my privilege to extend greetings from the Michigan State Medical Assistants Society.

Activities

The Seventh Annual Convention of the American Association of Medical Assistants was held in Miami Beach, Florida, in October 1963. Michigan was represented by four delegates and two alternates, additionally 22 Michigan members were in attendance and Dr. Glenn E. Millard, Chairman of our Advisory Board and Mrs. Millard. Seven members took the certification examination preceding the convention.

In November, a workshop was held for county officers and committee chairmen in Mt. Clemens with an attendance of 73.

The Michigan State Medical Society County Secretaries Conference was attended by four representatives in February.

The Seventh Annual Educational Seminar was held in Detroit in March with an attendance of 197. Lectures included, the L. Fernald Foster lecture by Helen Nutting, M.D.; Women in Wall Street by Mrs. P. Breen; and Women's Role in the World of Medicine by Viola Brekke, M.D.

Instituted this year was an Educational Seminar in the Upper Peninsula for medical assistants. This was held on July 11-12 in Marquette. Sixty-eight members, non-members and guests were in attendance including T. J. Trapasso, M.D., U.P. member of Advisory Board.

The Fifteenth Annual Convention will be held this week at the Statler-Hilton Hotel, Detroit and the Michigan State Medical Assistants will have their first meeting of a House of Delegates. This will be composed of 95 delegates representing 24 counties. Speakers for the Convention are: A. E. Heustis, M.D., R. J. Lukens, M.D., Rev. Dr. Paul B. McCleave, American Medical Association, and Edgar A. Guest, Jr. We welcome your attendance.

The Eighth Annual Meeting of the American Association of Medical Assistants will be held in October in Oklahoma City. Four delegates and two alternates will represent Michigan. Michigan is sponsoring a candidate for the national office of Secretary-Treasurer.

We will again honor a medical assistant of the year.

Two new membership brochures were mailed to all physicians' offices and three special flyers were mailed during the year.

Bulletin

The Bulletin has a new format and all issues have been printed and sent to our membership. We are very proud of our *Bulletin* and we hope that in the near future sufficient advertisers will make it self-supporting.

Membership

Total membership as of June 30, 1964: 918

Education

The educational programs continue in seven areas for in-service training. The Michigan State Medical Assistants were requested to serve on the Advisory Committee for the Ferris State College and for the Government re-training program at Highland Park Jr. College. Flint Jr. College has also requested our assistance in setting up a course for medical assistants.

Legislation

We have remained very active in supporting the Michigan State Medical Society's request to prod our bosses, friends and patients and to individually write Congressmen opposing the King-Anderson Bill. All members of our organization were contacted to support your revisions to Senate Bill 1056.

Conclusion

Following the annual meeting in September, the various activities of our Society got underway. Our previous requests for closer liaison between the Michigan State Medical Society and the Michigan State Medical Assistants Society has been accomplished including our request for office space at your headquarters. Mr. Ralph Wills was appointed as liaison and has worked very closely with our Society.

We shall make every endeavor to show our appreciation for the privilege of being associated with the Michigan State Medical Society and assure you of our continued cooperation. We shall make every effort to continue striving to provide the best educational opportunities for all medical assistants, to promote public relations, and we have not, and we will not, let our Society become a trade union. We thank you for the office space, the use of facilities for our board meetings and we especially thank Doctors Millard, Green and Trapasso for their counsel and continued guidance.

We welcome you to attend any or all of our meetings at the Statler-Hilton Hotel on Wednesday and Thursday of this week.

THE REFERENCE COMMITTEE on Reports of Officers, Robert M. Bookmyer, M.D., Chairman, reported: "We note with gratification the continuing growth of this organization. We also commend the education programs for in-service training. The Reference Committee feels this is a forward step in improving the caliber of this organization. The Committee also wishes to thank the Society for actively supporting the MSMS view on medical-political issues."

THE HOUSE adopted the report of the Reference Committee.

REPORTS OF THE COUNCIL

12. Annual Report of the Council

(See also, Remarks of Council Chairman)

PART I

Report of Council Activities

This section of the report contains a brief review of the activities and actions of the Council covering the period from September, 1963, to September, 1964.

Organization Activities

Headquarters Organization.—In September, 1963, The Council directed the new Executive Director, the new Associate Executive Director, and Professor Clyde Hardwick, MSMS Economic Consultant, to proceed with the development of organizational recommendations.

The Reorganization Study was prepared and presented to The Council, and was approved with commendation. The Study included: 1) Nature, Scope and Guidelines of Reorganization, 2) A Bold Look in the Future, outlining specific recommendations in eleven areas coinciding with the purposes of MSMS, 3) Reports on Staff Activity, Survey of Clerical and Secretarial Duties, Secretarial Job Classifications and Descriptions, Wage and Salary Survey, Survey of Personnel Policies, and 4) Conclusions of the Study and Tentative Assignment of Duties.

The Council is pleased to report that the new leadership team of the headquarters staff has functioned in a most dedicated and efficient manner. The realignment of staff duties and organization has facilitated the work of The Council, the House of Delegates and the MSMS committees.

Membership.—Total membership as of June 30 and as of December 31, from 1935 to 1964, is indicated in the following chart:

Year	*June 30*	*December 31*
1935	3410	3543
1945	4425	4686
1955	5503	6109
1960	6660	6715
1961	6639	6775
1962	6776	7018
1963	6858	7137
1964	6954	

The membership comparison as of November 30, 1962, and November 30, 1963, indicates a gain of 119 members during the year with 91 of these in the active classification. Membership for the year ended November 30, 1963, grew at a rate of 1.5% equally distributed between exempt and active members. Total membership November 30, 1963, was 7137, Active 6173, Exempt 964.

Finance.—All Departments are being operated economically in line with fulfillment of the aims and purposes of the State Medical Society. All committees are maintaining their activities within their budget allocations. The reserve of $57,000 in Government bonds has been maintained with $35,000 of this amount earmarked for the Public Relations Department. The balance of $22,000 in bonds is for the General Fund.

In addition, a Savings Reserve account was established in 1963 and to June 30, 1964, $36,643.99 has been placed in this account at the Michigan National Bank. This account is retained as a liquid reserve for contingencies.

The financing of the headquarters building has been reported each year since construction began. On July 1, 1964, we had notes due in the amount of $10,000. However, as in the past, it will be necessary to reborrow during the closing months of the year (October or November) and repay in the early months of 1965 when dues income is high.

At the end of fiscal 1961, outstanding notes totaled $200,000.
At the end of fiscal 1962, outstanding notes totaled $150,000.
At the end of fiscal 1963, outstanding notes totaled $125,000.
At the end of fiscal 1964, outstanding notes *may* total $90,000.

Bylaws Provisions Regarding Dues for New Members.—The Bylaws now provide that MSMS may offer a dues reduction to new members first entering practice, providing the component society also reduces its dues to new members. The question arises as to how this provision is to be interpreted if the component society has no dues. The Council refers this matter to the House of Delegates Committee on Constitution and Bylaws.

Death of William A. Scott, M.D., Councilor, Fourth District.—The Council with deep sorrow reports the untimely death of William A. Scott, M.D., Kalamazoo, who passed away on February 24, 1964. His leadership as Chairman of the Council's Publication Committee and in mental health activities will be sorely missed.

Procedure for Filling Councilor Vacancy.—Two vacancies occurred this year due to the untimely passing of William A. Scott, M.D., Councilor, Fourth District, and the resignation of Harold Kessler, M.D., Councilor, Tenth District.

The Council adopted the following procedure for filling such vacancies: "that the seated delegates of a Councilor District in which a vacancy occurs, either by resignation or death, shall caucus as early as possible to select a nominee for submission to The Council for appointment to serve as Councilor of that District until the next Session of the House of Delegates, when the unexpired term may be filled by members of the House."

This matter was referred to the House of Delegates Committee on Constitution and Bylaws.

Geriatrics Committee Name Change.—The Council approved the recommendation of the Geriatrics Committee that its name be changed to Committee on Aging, as suggested by the American Medical Association. This action has been referred to the House of Delegates Committee on Constitution and Bylaws.

Public Health Interim Committee.—At its 1963 session, the House of Delegates approved Council and Public Health Committee recommendations changing the purpose, scope and composition of the Public Health Committee. However, time did not permit House action to be translated into specific Bylaw amendments for House adoption.

Therefore, the MSMS President carried out the intent of the House and appointed a Public Health Interim Committee, according to the approved recommendation, to serve the intent of the House of Delegates action.

AMA Concept of Public Health.—In July, 1963, The Council reviewed the 1962 AMA Concept of Public Health and subsequently requested the AMA, by resolution introduced at the 1963 AMA Clinical Meeting in Portland, Oregon, to redefine this concept. The resolution was approved and referred to the AMA Board of Trustees for establishment of a definition. A Council committee continued its study which resulted in a new definition (see Annual Report of Ad Hoc Committee to Study AMA Concept of Public Health). In its report to the 1964 AMA House of Delegates in June, the AMA Board recommended no change in the AMA concept. MSMS will continue to seek a redefinition of public health through all appropriate channels.

Annual County Secretaries-Public Relations Seminar.—The 1964 Seminar was held February 27 at the Jack Tar Hotel in Lansing. Guests at the session discussed organization, postgraduate medicine, medical ethics, economics of practice, and public education. The component society leaders also heard a report on legislation, Operation Hometown, and an address from AMA Executive Vice President F. J. L. Blasingame, M.D. The annual MSMS Awards Luncheon was held at noon. (See Annual Report of Awards Committee.)

An innovation at this year's Seminar was the holding of meetings on the eve of the Seminar of the 1) Public Relations Committee; 2) Legal Affairs Committee; 3) Diabetes Committee; 4) Component Society Secretaries Workshop and 5) Component Society Bulletin Editors Workshop. Plans for enlarging this pre-Seminar activity for 1965 are under study by The Council.

Study of Honoraria for MSMS Officers.—The Council requested its Finance Committee to study the question of honoraria for officers who must devote an unusual amount of time away from their medical practice. This matter was referred to The Council for further study by the 1963 House of Delegates.

The Finance Committee surveyed the practices of other large medical associations.

In July, The Council adopted the following recommendations to the House of Delegates: 1) that the President, Chairman of The Council, and the Speaker of the House of Delegates be given a special expense allowance of up to $1,000; and further, that these officers be automatically elected to Life Membership in the MSMS upon completion of their term of office; 2) that all living past-Presidents, Chairmen of the Council and Speakers be given Life Membership in MSMS. An estimated twenty-eight past officers would be eligible under the proposed plan and the loss of revenue to MSMS would approximate $2,300 per year. (See Council recommendation in Part IV of this report.)

Financial Aid to Indigent Physicians.—The Council's Finance Committee is continuing its study of this subject, including the recent survey of need in Michigan and the information obtained from other state medical associations which have aid programs.

Workshops for Component Society Executive Secretaries.—Two workshops were held this year, in which the State Society and component society staffs were able to discuss mutual problems and goals and increase abilities to serve the membership.

Legal Matters.—Legal Counsel Lester P. Dodd has enjoyed a busy year. Approximately 50 written opinions were rendered and a larger number of informal opinions were given on a wide range of subjects regarding the activities of the Society and the interests of its members.

Mr. Dodd attended meetings of the House of Delegates, The Council, many committees and the Annual Session, Michigan Clinical Institute and Annual County Secretaries-Public Relations Seminar.

Advice of Legal Counsel was especially valuable to the Legal Affairs Committee and the House of Delegates Committee on Constitution and Bylaws.

As usual, Mr. Dodd has counselled with and advised officers and members of the staff in almost every facet of the Society's activities.

Relations—Professional, Public, Legislative and Prepayment Plans

General Liaison Activities.—The Council and its committees were involved in many matters concerning medicine, hospitals, state agencies and boards and liaison was maintained through individual physicians and staff. Also, liaison with lay organizations and voluntary agencies was accelerated during the past year. Extra effort is being expended to build better relations with the many organizations which are interested in or related to health and medicine.

Legal Affairs.—Detailed activities in the legislative arena will appear in the Annual Report of the Legal Affairs Committee. In brief, however, The Council was deeply involved in the policy decisions relating to the reorganization of state government, the State Board of Pharmacy, Michigan Crippled Children Commission, Michigan Department of Health and Michigan Department of Social Welfare.

Liaison with Osteopaths.—The House of Delegates and The Council each appointed a committee to study and act on this matter—the House of Delegates Committee to Study Relationships between M.D.s and D.O.s and The Council's Liaison Committee with Michigan Association of Osteopathic Physicians and Surgeons, Inc.

The Council believed that the work of the two committees would be benefited if the committees met jointly to consider the subject at hand. This they did on several occasions, meeting as the MSMS Joint Committee on Medicine and Osteopathy.

The Committees have provided vigorous leadership and are to be especially complimented for educational efforts at the Special Session of The Council on March 9, 1964, to which were invited the members of the AMA Committee on Medicine and Osteopathy.

Medical Aid Station at Capitol Building.—In cooperation with the physicians of Ingham County Medical Society, a medical aid station was provided in the Michigan Legislature, staffed by a nurse. MSMS provided necessary funds and local physicians volunteered to provide necessary coverage for emergency or referred calls. The Council expresses its appreciation to the Ingham County physicians who participated in this important liaison project.

Annual Washington Visit.—As authorized by the 1963 House of Delegates, officers and staff visited legislators and their aides in Washington, D. C. Again, this was an effective and productive liaison meeting. The Council is pleased to note the increased activity of component societies in sending delegations to Washington.

Liaison with Michigan Health Council.—The Michigan Health Council continues to expand its Professional Placement Program. During 1964 it has been responsible in whole or in part for the placement of 71 doctors of medicine, 25 doctors of dentistry and six doctors of veterinary medicine.

The Health Council has promoted coordinated home care, and there are currently nine home care programs in operation in the state.

It has produced more than 100 television programs on health and medicine which have covered two-thirds of the state's viewing audience.

Its Health Careers Recruitment Program has continued to expand and this spring a special project of recruiting students into careers in the rehabilitation field was begun.

The Health Council has also worked closely with more than 70 school health councils and community health councils throughout Michigan. Many of these recruitment activities, health educational programs and several of the local health councils participated in Community Health Week in Michigan during October, 1963, which was jointly sponsored by MSMS, the Michigan Health Council and the Michigan Association of the Professions.

Operation Hometown.—Operation Hometown was designed as a nationwide intensive year-long program for each county medical society to help offset the pressure for King-Anderson legislation in the 88th and 89th Congresses.

The Operation Hometown campaign covered seven segments of organized activity, as follows: a) County campaign chairmen; b) Speakers bureau; c) Enlisting allies; d) Newspapers, radio and TV; e) Letter writing; f) Materials distribution, and g) Congressional contacts.

Presidents of county societies appointed Operation Hometown Chairmen to coordinate the work of the campaign in 38 of the 55 county societies.

Valued assistance was given by the Woman's Auxiliary and by the Michigan State Medical Assistants Society in distribution of materials to doctors' offices as well as in the letter-writing segment of Operation Hometown.

Liaison Committee with Michigan Hospital Service.—The Council requested the Board of Michigan Hospital Service to appoint members of its Board to a liaison committee to consider matters of mutual interest with MSMS, the committee to be composed of members of The Council and the Blue Cross Board.

The Blue Cross Board will consider this request prior to September.

Liaison Between Michigan Hospital Association and Michigan Medical Service.—The Council supported a resolution of the Michigan Hospital Association which requested that a committee be created with MHA and MMS representatives to provide continuing liaison between the two groups. In addition, The Council suggested that whenever feasible it be the policy of both organizations to discuss matters of mutual interest prior to the adoption of policies relating thereto.

Liaison with Michigan Association of the Professions.—MSMS has continued to profit by its liaison with the Michigan Association of the Professions. Its Annual Congress of the Professions, held each year in conjunction with the MAP-sponsored "Professional Week," presented several nationally known physicians and passed resolutions supporting medicine's policies in regard to both state and national legislation. Thirty-five doctors appeared on the television program "Decision—The Moment of Truth," (WJBK-TV, Channel 2, Detroit) which MAP co-sponsors with the Michigan Health Council. The recently launched one-half hour MAP television program entitled "Formula" WJIM-TV, Channel 6, Lansing) has featured several doctors of medicine and looks forward to continued participation and cooperation from MSMS members. Combined, the two weekly television programs are capable of reaching 90% of the viewing audience of Michigan. In addition MONITOR, official publication of MAP, carries information on MSMS to members of the other professions on a monthly basis. Several physicians have taken advantage of the MAP Pension Plan and Trust. This plan was made possible by the passage of the Keogh Bill and is the first such plan to be approved by the Internal Revenue Service in Michigan. MSMS joined with MAP in making recommendations to the Governor-appointed Citizens Committee on Higher Education regarding the needs for graduate professional education in Michigan. MAP-type organizations have been formed in several other states with effective support coming from the AMA.

Dissolution of Beaumont Memorial Foundation.—The Council was advised that legal obstacles to the dissolution of the Foundation had been resolved. Since the work of the Foundation had been completed, the corporation would be dissolved if MSMS would accept the minor assets and appoint a committee to oversee the operation of the project. The Council did accept this responsibility.

Reports of Michigan Medical Service.—At each meeting of The Council, the President of Michigan Medical Service presented a review of matters of mutual interest.

In addition, The Council met with the Board of Trustees of MMS in March to improve understanding and communication between the two bodies.

Reaffirmation of 1939 Agreement Between Representatives of Michigan State Medical Society and Michigan Hospital Association.—The following agreement, adopted on January 22, 1939, was reaffirmed by The Council and so reported to the Michigan Hospital Association and to Michigan Hospital Service:

AGREEMENT BETWEEN REPRESENTATIVES OF MICHIGAN STATE MEDICAL SOCIETY AND MICHIGAN HOSPITAL ASSOCIATION

January 22, 1939

At a meeting in the Durant Hotel, Flint, Michigan, on January 22, 1939, attended by representatives of the Michigan State Medical Society and the Michigan Hospital Association, the following motion was made by H. A. Luce, M.D., President of the MSMS, and seconded by Ralph M. Hueston, President of the Michigan Hospital Association, and unanimously carried by those present, whose signatures are appended herewith:

"It is agreed that the professional services of a doctor of medicine shall not be included in group hospital service programs. Technical services may be rendered as hereinafter defined: Technical services in connection with hospital and medical service plans are not considered professional medical services unless rendered directly by a doctor of medicine. Notwithstanding the above definition, it is agreed that the hospital program will not include any x-ray service."

Signed—Henry A. Luce
Wm. J. Griffin
Robert G. Grive
Ralph M. Hueston
P. R. Urmston
L. Fernald Foster

Proposed Transfer of Professional Services to Hospital Service Benefits.—This problem has received the continuing attention of The Council and its Hospital Relations Committee (see Annual Report of this Committee for further details). The Council took direct action as did the Hospital Relations Committee.

The committee worked closely with the Michigan Society of Internal Medicine, Detroit Roentgen Ray and Radium Society, and its Western Michigan Division, Michigan Society of Anesthesiologists, Michigan Society of Pathologists and the Kalamazoo Academy of Medicine.

Postgraduate Education

Annual Session Section Speakers.—With the adoption of new programming of the Annual Session scientific sessions incorporating extensive use of panel presentations, The Council restudied its policy regarding speakers for MSMS section meetings. The Council has authorized the payment of honorarium and expenses for a Section speaker at the Annual Session in those special cases where there is no speaker participating in the General Session program who is a representative of a section's specialty.

Centennial Annual Session, 1965.—The Michigan State Medical Society will celebrate its centennial year beginning in September, 1965. The Annual Session will be held in Cobo Hall, Detroit. In order to focus on this outstanding event, the Michigan Clinical Institute will not be held in 1965. Also, the Michigan Academy of General Practice has agreed to hold no annual meeting in 1965 but will arrange, as part of the MSMS Annual Session, a one-day program to be known and publicized as MAGP Day. (See Annual Report of Committee to Coordinate Meetings During Centennial Year.)

Co-Sponsorship of Conference on Diet Therapy.—For the second year MSMS and the Michigan Department of Health co-sponsored a two-day Conference on Diet Therapy with the cooperation of Wayne State University School of Medicine and the University of Michigan Medical School.

1964 Michigan Clinical Institute.—Special effort was devoted to this last MCI in order to make it a memorable event in both quantity and quality of scientific education. The Council happily notes that attendance of M.D.'s at this meeting increased 10% and overall attendance increased 15% over the 1963 session.

Though the MCI will no longer be produced, the Postgraduate Medical Education Committee is studying new methods of increasing MSMS postgraduate programs throughout the state.

1963 Annual Session.—This meeting, held in Grand Rapids, was the first MSMS scientific assembly to adopt the new panel-presentation format. The meeting was enthusiastically received and attendance surpassed the previous Grand Rapids session by a significant number.

The Journal of MSMS. The year 1963-64 will be remembered as the "year of change" for the MSMS Journal as the Publication Committee and The Council seek to make the monthly publication more effective. Briefly the changes included:

—Following the death on July 12, 1963, of Wilfrid Haughey, M.D., Editor, The Council appointed C. J. Tupper, M.D., Ann Arbor, as Scientific Editor.

—Following the death on February 24, 1964, of William A. Scott, M.D., Chairman of the Publication Committee, The Council elected B. M. Harris, M.D., to fill that chairmanship.

—The position of Managing Editor was established and Herbert A. Auer, of the staff, was chosen.

—The name of the publication was changed in July to "Michigan Medicine, The Journal of the Michigan State Medical Society."

—There were 23 other changes in content and format made in the July issue to further improve the readability and impact of the publication.

—The former custom of devoting an entire issue to one phase of medicine was discontinued and now each monthly number contains carefully chosen scientific papers of interest to a wide cross-section of the membership.

—To offset the continuing decline in national, pharmaceutical advertising, a Michigan publishers representative has been secured on a commission basis to contact Michigan firms for advertising.

Conversation, communications and requests from other publications to reprint MSMS articles all indicate that the changes have been well received by the membership. Further refinements are planned to enable "Michigan Medicine" to serve as both vehicle for postgraduate education and as a house organ for MSMS.

Ethics and Standards of Practice

Question of Ethics in Cases Where Physicians' Prescription Blanks Carry Printed Advertising of Pharmacies—The Council refers this ethical question to the House of Delegates for consideration. (See Council recommendation in Part IV of this report.)

Development of Model Judicial System.—With the full cooperation of the AMA Legal Department, The Council has authorized the study and development of a model judicial plan to provide the best possible handling of ethical, mediation and other appropriate related matters. The study is underway and progress will be reported to the House of Delegates at this Session.

Medical Socio-Economics

Department of Medical Socio-Economics.—This year again confirmed the importance of this activity to the overall effectiveness of your State Society. Examples of this are its valuable contributions in terms of collecting economic data and providing original research to Council and other State Society committees which are faced with problems that carry socio-economic dimensions. The Department also completed a basic research project with the assistance of AMA regarding membership in medical organizations of all doctors of medicine in Michigan. Details of the work of the Department can be found in the Annual Report of the Committee on Medical Socio-Economics.

Revision of Michigan Uniform Fee Schedule for Governmental Welfare Agencies.—The Council appointed a committee to update the Uniform Fee Schedule previously revised in 1959. The committee has been informed of the desire of the House of Delegates and of The Council that the fee schedule be based on the policy that wards of government be not treated as indigents and that physicians be compensated by their average fee for services.

MSMS Insurance Programs.—

(a) Group Life Insurance:

Number of members now insured	1,440
Amount of insurance now in force	13,632,000
Premium collected during past year	159,513
Claims paid during past year	45,186
Members under waiver of premium, 6 for	52,500
Dividends paid for past year	24,794

(Above figures include 212 members who elected to replace term insurance with permanent)

(b) "Family Plan" Insurance:

Number of members now insured	561
Amount of insurance now in force	11,070,000

(c) Group Disability Insurance:

Number of members now insured	1,986
Accidental death claims	1
Loss of time payments	437
Amount of payments	132,414
Average number of payments per month	37
Percentage of insureds receiving payment during past year	10.4%
Claim reserves	117,350

AMA Education and Research Foundation.—As part of 1963 MSMS dues, $10 was earmarked for AMA-ERF, to be returned to the two Michigan medical schools on a pro-rata student basis. At the January Seminar, a public presentation was made to the two deans of checks totaling $60,259.81 as the MSMS contribution. A formal presentation to AMA-ERF was also made before the House of Delegates of the American Medical Association at its Annual Session June, 1964.

MAA Rules Change Became Effective July 1, 1964.—Commencing July 1, 1964, county welfare departments are free to negotiate doctor (and hospital) rates separately from the rates paid in other state assistance programs.

This is made possible by the repeal on that date of Administrative Rule 10, adopted by the State Department of

Social Welfare at the onset of the MAA program, and providing that payments for services rendered under Medical Assistance to the Aged could not exceed payments made for similar services under other existing programs.

As a result of Rule 10's repeal on July 1, it is variously estimated that hospital reimbursements can now be negotiated upward approximately $320,000 per year, the difference between 75% and 100% of per diem cost, thus enabling the hospitals to accept MAA cases without financial hardship. The rule repeal will likewise permit negotiation of doctors' fees up to the full Uniform Fee Schedule, resulting in an aggregate increase in payments to physicians of approximately $225,000 per year.

On July 7, the Wayne County Board of Supervisors authorized payment of 100% of the Uniform Fee Schedule.

PART II

Annual Reports of Committees

The following Annual Reports of Committees in the Handbook for Delegates have been reviewed by The Council:

Committees of The Council.—
Committee on Alcoholism and Drug Addiction
Committee on Awards
Committee on Coordination of Medical Meetings During Centennial Year
Committee on Courses on Medical Economics and Ethics
Committee on Disaster Medical Care
Committee on Medicare
Committee on Nursing
Committee on Oral Polio Vaccine
Committee on Rehabilitation
Committee to Study Proposed Utilization Committee
Committee on Veterans Affairs
Liaison Committee with Cardiac Disease Control Committee re Financial Matters
Liaison Committee with Michigan Crippled Children Commission
Liaison Committee with Michigan State Board of Registration in Medicine
AMA Education and Research Foundation—Michigan Chairman
MSMS Committees.—
Advisory Committee of Past Presidents
Committee on Child Welfare
Committee on Iodized Salt
Committee on Legal Affairs
Committee on Maternal Health
Committee on Prevention of Highway Accidents

The following Annual Reports of Committees, in the Handbook for Delegates, will not be considered by The Council until its September 20 meeting. If there are any comments or recommendations The Council wishes to make regarding these reports, they will be transmitted to the House in the verbal report of Council Chairman Hiscock.

Council Committees.—
Committee on Health Fair Arrangements
Committee on Hospital Relations
Committee on Medicine and Religion
Committee on Medicine and Osteopathy
Committee on Relative Value Study
Liaison Committee with Residents and Interns
Committee on Retirement Plan
Liaison Committee with State Bar of Michigan
Liaison Committee with State Executive Office
Committee to Study AMA Concept of Public Health
Committee to Study Establishment of MSMS Service Corporation
Liaison Committee with Michigan State Pharmaceutical Association
Committee on Uniform Fee Schedule for Governmental Welfare Agencies
Committee on Workmen's Compensation
Joint Council to Improve Health Care of the Aged
Permanent Conference Committee
MSMS Committees.—
Committee on Cancer Control
Committee on Cardiac Disease
Committee on Diabetes
Committee on Ethics
Committee on Geriatrics
Committee on Medical Socio-Economics
Committee on Mental Health
Advisory Committee to Michigan State Medical Assistants Society
Committee on Occupational Health
Committee on Postgraduate Medical Education
Committee on Professional Insurance Plans
Public Health Interim Committee
Committee on Public Relations
Committee on Rural Medical Service
Committee on Scientific Radio and Television
Committee on Venereal Disease Control
Advisory Committee to Woman's Auxiliary

PART III

Matters Referred to The Council by the 1963 House of Delegates

Substitute Resolution for Resolutions 2, 35, 41, 57 and 58. —This resolution 1) directed the establishment of a Liaison Committee with the Michigan Crippled Children Commission, 2) recommended using services of hospital credentials committees in determining qualifications for elective surgery done under the afflicted children's program, 3) urged the MCCC to continue its efforts to revise and update its fee schedule, and 4) urged the MCCC to take steps to simplify its billing procedures.

The Council appointed a Liaison Committee which, at its meeting with MCCC representatives, urged the steps indicated above. (See Annual Report of Liaison Committee with Michigan Crippled Children Commission.)

With the help of the MCCC, the MSMS Economic Director and legislative staff, a new fee schedule was adopted by MCCC and approved by the Legislature, at 75 percent of the fees set forth in the MSMS Uniform Fee Schedule for Governmental Welfare Agencies.

Resolution 3.—This resolution recommended Council study of legislation to form a State Medical Disciplinary Board.

The Council referred this matter to the Legal Affairs Committee. A Legal Opinion was rendered and the matter referred to the Liaison Committee with the State Board of Registration in Medicine. The Board was appropriated additional funds by the Legislature to improve investigative functions of the Board.

The creation of a disciplinary board, under the terms of the resolution, is not possible under present Michigan Law. (See Annual Report of Liaison Committee with State Board of Registration in Medicine.)

Resolutions 13, 14, 15, 16 and 18.—These resolutions, which had to do with reorganization of state government, were referred by The Council to the Legal Affairs Committee. The Committee transmitted the policies expressed in the resolution to the appropriate executive and legislative authorities and made known to the Governor the MSMS policy position. Follow-through is still in process since the reorganization of the state government will continue through 1964.

Resolution 31.—This resolution, referred to The Council for further study, urged MSMS support of a third medical school at Michigan State University by the expansion of the present two-year program.

The County Societies Committee is continuing its study and review of developments.

Substitute Resolution 46.—This resolution directed development of a continuing program of acquiring medical identification items and making them available to physicians at no cost, upon request, for distribution to patients, and also the publicizing of such devices at the Michigan Health Fair.

This matter was referred to the Public Relations Committee. In implementing the recommendations of the House, all MSMS members were sent samples of the medical identification material with a covering letter inviting the physicians to order supplies for distribution to their patients.

The recommendation regarding the Michigan Health Fair will be implemented at the proper time.

Resolution 48.—This resolution directed initiation and maintenance of a program to publicize the harmful effects of cigarette smoking, and to promote an education program, particularly in schools and homes, to keep young people from starting the habit of smoking.

This matter was referred to the Cancer Control Committee which developed a plan for distribution of material on smoking and health for doctors' waiting rooms (through the Michigan Cancer Coordinating Committee). The Committee also cooperated with and supported pilot program of developing teaching manuals for use in Michigan schools. (See Annual Report of the Cancer Control Committee for details.)

The Council also supported a Michigan Department of Health budget request for an educational campaign for youngsters which failed of passage.

Resolution 52.—This resolution instructed Council support of federal legislation to amend the Internal Revenue Code to provide for deductions of premiums of prepaid health insurance by any taxpayer for himself or his legal dependents.

The Council transmitted the sense of the resolution to Congressmen.

Resolution 63.—This resolution urged The Council to consider development of a code of understanding between physicians and pharmacists for eventual submission to the House of Delegates.

The Council's Liaison Committee with the Michigan State Pharmaceutical Association continued its study of a suitable code and is following progress in the development of a national code which might provide some guidelines.

Reference Committee on Medical Care and Prepayment Insurance.—

(a) This report directed The Council to appoint members of MSMS to investigate specific utilization problems referred by Michigan Medical Service or other responsible groups.

The Council appointed an Ad Hoc Committee to Study Procedures of Proposed Utilization Committee, which made detailed recommendations. The Council, upon the advice of Legal Counsel, was compelled to disapprove the Committee's recommendations since implementation of the recommendations requires amendment to the Bylaws. The Council then referred the matter to the House of Delegates Committee on Constitution and Bylaws to be considered by it in conjunction with other studies of revision of MSMS disciplinary and judicial system in cooperation with the American Medical Association.

(b) This report further recommended cooperation with Michigan Medical Service in a program of education for subscribers, management and labor concerning their interest in the proper utilization of prepaid insurance benefits.

The Council referred this matter to the Ad Hoc Committee to Study Procedures for Proposed Utilization Committee. In the several meetings with Blue Shield representatives, the energies of the Committee were directed to developing procedures of the utilization committee as outlined in (a) above.

(c) The report further recommended that the Relative Value Study be restudied and submitted to Michigan Medical Service for monetary interpretation without implementation.

The Council referred this matter to the Relative Value Study Committee which will report its findings in its Annual Report in September.

Reference Committee on Reports of The Council.—This report suggested development of an outline of how to proceed in seeking aid in establishing a medical practice, and means of establishing continuing contact with interns and residents in Michigan.

The Council has assigned these responsibilities to a new Liaison Committee with Interns and Residents.

Reference Committee on Reports of Standing Committees.—

(a) This report recommended that MSMS support enactment of legislation for pooling plans in health insurance.

The Council is pleased to report that such legislation was enacted in 1964 by the Michigan Legislature with support by MSMS and the health insurance industry.

(b) The report further recommended acceptance of the proposed major medical plan for MSMS members, as outlined in the 1963 Annual Report of the Committee on Professional Insurance Plans.

The Council received a specific plan from the Committee, which was re-referred to the Committee to ascertain whether or not the proposed contract was in accord with MSMS policy re professional service benefits.

(c) The report further recommended that The Council review the results of the Kalamazoo and Michigan Hospital Service studies of medical care in physicians' offices, funds to be sought from a foundation if a broader evaluation is necessary.

These instructions were studied by the Medical Socio-Economic Committee, which reviewed the Kalamazoo study, noting that only a small portion of this study involved quality of medical care in physicians' offices. However, because of the value and interest in the entire study, The Council approved a committee recommendation that the summary report of the study be published for distribution to medical leaders in Michigan.

The Committee gave study to the Michigan Hospital Service study and embarked on a survey of additional information in this area in the hope that this would provide valuable information regarding the quality of non-hospital medical care which is of particular interest to the House of Delegates. This study is still in progress. (See Annual Report of Medical Socio-Economic Committee.)

PART IV

Recommendations of The Council

Recommendation One

(See Annual Report of The Council, Part I, Item 11.)

The Council recommends that the President, Chairman of The Council, and the Speaker of the House of Delegates be given a special expense allowance of up to $1,000 each year of their term of office for which they would not be required to account, and that Life Membership in MSMS be automatically conferred upon these officers upon retirement from office.

Recommendation Two

(See Annual Report of The Council, Part I, Item 11.)

The Council recommends that all living Past Presidents, Past Chairmen of The Council, and Past Speakers of the House of Delegates be given Life Membership in MSMS.

Recommendation Three

The Council recommends that upon approval of the two recommendations above the House of Delegates Reference Committee on Constitution and Bylaws be requested to submit appropriate amendments to the MSMS Bylaws for presentation to and action by this, the 1964 House of Delegates.

Recommendation Four

The MSMS Centennial Committee has recommended that MSMS re-charter its component medical societies with appropriate ceremony as part of the celebration of the MSMS 100th Anniversary in September, 1965. This provides an appropriate opportunity for review of the composition of multi-county component societies.

The Council recommends that the House approve the proposal to re-charter component medical societies during the centennial celebration of the Michigan State Medical Society and that the House consider appointment of a study committee to review the composition of multi-county component societies.

Recommendation Five

The question of ethics has been raised before The Council with respect to the use of prescription blanks containing printed advertising of a pharmacy or drug store. Since the

AMA Judicial Council has not promulgated a formal opinion on the subject,

The Council recommends that the AMA Judicial Council be requested to render such formal opinion for the advice of physicians with regard to their ethical relationship with pharmacies.

Recommendation Six

There is a misconception on the part of the public that the word "State" in Michigan State Medical Society denotes a state agency. The Council notes that several state societies have changed their names, removing "State" and substituting "Association" for "Society."

The Council recommends that the House consider adopting a new name for the MSMS at this session of the House of Delegates to take effect at the Centennial Session of the House in September, 1965. Thus, MSMS would embark on its second 100 years as the Michigan Medical Association.

THE REFERENCE COMMITTEE on Reports of The Council, Alexander W. Blain, III, M.D., Chairman, recommended approval of Part I of the Annual Report of The Council, with commendation to MSMS Legal Counsel Lester P. Dodd for his invaluable advice and service. The Committee also commended the MSMS Journal, "Michigan Medicine," for its new format, scientific material and socio-economic news coverage. The Committee commended the Department of Medical Socio-Economics and encouraged the development and expansion of this Department.

The Reference Committee commended The Council for its detailed informational report on implementation of the 1963 House of Delegates instructions to The Council.

The Reference Committee approved the six recommendations of The Council.

THE HOUSE adopted the report of the Reference Committee.

THE REFERENCE COMMITTEE on Constitution and Bylaws, C. J. Tupper, M.D., Chairman, reported the following proposed amendments to the Constitution and/or Bylaws, as a result of House approval of Council Recommendations One, Two and Six, the bylaws amendments having been laid over from a previous meeting of the House.

Bylaw amendment based on Council Recommendation One: Under Chapter 12, Officers, a new Section 10 be inserted, this Section to be entitled "Remuneration," and to read as follows:

"Each of the following officers, namely, the President, the Chairman of The Council, and the Speaker of the House of Delegates shall be entitled to draw from the funds of the Society a special expenses allowance of not to exceed $1,000 in each year of his incumbency of the office. He shall not be required to account to the Society for the expenditure of such funds, which shall be in addition to his ordinary reimbursable expenses."

Bylaw amendment based on Council Recommendation Two: Chapter 2, Section 6, Life Members. Section A was unchanged. A new Section B was added, Section B providing that, with its adoption, all then living Past Presidents, past Chairmen of The Council and past Speaker of the House of Delegates of this Society shall automatically become Life Members of the Society; and thereafter each President, Chairman of The Council and Speaker of the House of Delegates of this Society shall, upon retiring from office, become a Life Member of this Society, without further action.

This change would be a new Section B of Chapter 2, Section 6. The last few lines of Section 6 would now be designated to read, "A Life Member shall pay no dues or assessments but shall have the right to vote and hold office, and shall be entitled to receive the Journal at such rates as The Council may determine." This is unchanged but is now designated as C.

Proposed Constitutional amendment based on Council Recommendation Six:

That Article 1, Section 1 of the Constitution be amended to read as follows: "NAME: The name of this organization shall be THE MICHIGAN MEDICAL ASSOCIATION."

In addition, if this be adopted, "Michigan State Medical Society" wherever it appears in the Constitution and Bylaws should be replaced with Michigan Medical Association" and the word "Society" wherever it appears with reference to the State organization should be replaced with the word "Association."

THE HOUSE adopted this report of the Reference Committee, automatically laying over until the 1965 Session the proposed amendment to the Constitution.

13. Remarks of Council Chairman—H. H. Hiscock, M.D.

Before I discuss the Annual Report of The Council, I would like to commend the members of The Council for their excellent attendance at the number of meetings to which they are assigned. I would also like to commend our President, Doctor Johnson, and President-elect Oliver McGillicuddy. Their experience has been invaluable. I have called on these men at seven o'clock in the morning and at eleven o'clock at night, and many, many times during their busy office hours, for advice, and it has been given readily.

Next, I would like to commend the staff, under the able direction of our Executive Director, Hugh Brenneman, and the Associate Executive Director, Warren Tryloff. They have made many good changes in the organization of the staff during the short time they have had charge. They took over the first of the year.

We have also made much better use of the building facilities. One change is the new committee library, in which is kept the records of each committee. I am sure you will find this most helpful to the new chairmen of the committees next year.

The annual report of The Council has been distributed to you. Although the report is 21 pages long, this document is a very condensed summary of Council action during the past 12 months.

Minutes of each of The Council's meetings have been sent to interested delegates and component society officers so that you can be informed of problems and actions as they occur. In addition, extracts of Council minutes are published in *Michigan Medicine* following each Council meeting. Our lines of communication have been improved, I believe.

The mimeographed annual report requires no elaboration at this time, but I would like to point out the new format of the mimeographed presentation.

The report is divided into four parts:

Part I is the review of actions of The Council.

Part II lists the annual reports of committees which have been inserted in your Handbook.

Part III reports on implementation of 1963 House of Delegates actions referred to The Council.

Part IV contains The Council's recommendations to the House.

At the meeting of the Reference Committee this afternoon, Dr. Robert Mason, the Council Vice-Chairman, and I will be available to elaborate or answer any questions that may arise.

At this point, however, I would like to report to you certain actions taken by The Council at its meeting yesterday, which are not contained in the mimeographed report.

First, may I call upon C. Allen Payne, M.D., Chairman of the Finance Committee, to review in more detail the report on finance of our Society.

C. Allen Payne, M.D.: Mr. Speaker and Members of the House of Delegates:

It is a pleasure for me to give you a brief review of the finances of our Society. You will be given a copy of the financial report, which includes the status of income, expense and balances of the various MSMS accounts. The report also indicates current assets, investments, fixed assets and liabilities. This report covers the period December 1, 1963 to September 1, 1964, or nine months of our fiscal year.

You will note that all departments are operating economically and substantially in accordance with budgets adopted in January, 1964.

Reserves of almost $100,000 are on hand and consist of

U. S. Government Bonds totaling $57,000 and a liquid savings reserve at the Michigan National Bank of almost $40,000.

The financing of the headquarters building has been reported each year since construction began. As of this date we have outstanding notes at Michigan National Bank totaling $35,000. However, as in the past, it will be necessary to re-borrow during the closing months of the year (October and November) and repay during the early months of 1965 when dues income is high.

This system of financing will permit us to keep a line of credit open until the entire headquarters building debt is retired and, more important, has permitted us to save thousands of dollars in interest during the past four years.

At the end of fiscal 1961 outstanding notes totaled $200,000. By the end of fiscal 1964 we anticipate outstanding notes may total between $90,000 and $100,000.

I believe the financial status of our Society will continue to improve throughout fiscal 1965 provided no projects of major cost are added to our program or other emergencies arise.

Information received from multiple sources during the current year indicate that the Internal Revenue Service by proposed new regulations may bring some of our income into a taxable category. This does not mean that we would lose our tax-exempt status, but we could be subject to taxes on some of our income. The Council already has sought expert advice from a tax consultant in order to be ready when and if the new regulations become effective.

Members of the Finance Committee will be glad to be available for consultation with the Reference Committee or other members of the House of Delegates concerning details of the financial operations of our Society.

In our meetings yesterday we reviewed the detailed statistics and figures which are the usual diet of our Committee, and a single very bright note was introduced. We received a letter from Dr. and Mrs. Orlen Johnson to the effect that they offer a gift of $1,250 to furnish one of the new conference rooms that have resulted from the change in the organization of our headquarters building, and with great commendation the Finance Committee and The Council accepted this gracious offer of Dr. and Mrs. Johnson. [*Applause*]

Thank you, Doctor Payne.

Yesterday, The Council reviewed several annual reports of committees. Two committee reports, which have been distributed to you, have been modified.

The first is the annual report of the ad hoc Committee to Study AMA Concept of Public Health.

The Council reviewed the Committee's report and again reviewed the clarifying statement of the AMA Board of Trustees.

The Council adopted a position statement in lieu of the Committee's annual report, as follows:

> "That the MSMS delegates to the AMA, if in their opinion it is desirable, request the AMA to include in its 1962 AMA Concept of Public Health the interpretive clarifying statement of the AMA Board of Trustees expressed to the 1964 AMA House of Delegates."

The Board of Trustees' statement is as follows:

> "It is apparent from a review of the complete reports and the context in which they were considered that the words 'public health' refer to all 'organized community efforts' and not only to health department programs. Activities sponsored by voluntary health associations, medical societies and other health-oriented groups are included under the term. They are expected, together with health departments, to promote community efforts to maintain, protect, and improve the health of the people."

Secondly, The Council amended the annual report of the Relative Value Study Committee to clarify its meaning.

In *Recommendation No. 1,* second line, substitute "the Radiologic Section" for "selected categories."

Recommendation No. 2 is amended to read as follows:

> "Recommended to The Council that health insurance carriers may properly use the various sections of the Michigan RVS by assigning the changed unit values for radiologic procedures."

Recommendation No. 3—No change.

The Council has expressed, and I believe this House will express, its deep appreciation to the physicians who work so diligently on the major problems confronting our committees. These committee reports and studies are the basis for the policy decisions made by the House of Delegates. Our deep appreciation for their efforts and advice.

Lastly, I must express my appreciation for the devoted efforts of the members of The Council. For all of us it is truly a privilege to serve the physician members of MSMS to the full extent of our ability.

Thank you.

THE REFERENCE COMMITTEE on Reports of The Council, Alexander W. Blain, III, M.D., Chairman, recommended approval of the Remarks of the Council Chairman.

THE HOUSE adopted the report of the Reference Committee.

14. Michigan Health Fair Progress Report—Don W. McLean, M.D.

(Presented to the House by R. K. Whiteley, M.D., in the absence of Doctor McLean.)

This is a progress report from the Arrangements Committee for your Michigan Health Fair. Since this project was adopted at our last Annual Session, the Fair has been detached from our centennial session, and is now scheduled to be held in Cobo Hall from April 30 through May 8, 1966. Thus, it will be the final event in the celebration of the Centennial Year of our Society. Not only is this later date historically more appropriate, but it fits in much better with our school program.

"The primary objectives of the Fair have not changed. It is our intent to present to the public, through exhibits and activities in the broad fields of medical research and health education, authentic information on progress in medicine and allied services. An informed public can better judge the character and quality of health services, and will aid our recruitment of new medical talent and help to expose quackery in its many forms.

"Our primary appeal will be to students from junior high school through college. Dr. Remus Robinson, who is Chairman of our Committee on School Participation, is developing a fine program. The Committee on School Participation is now working with the Wayne County Board of Education, through W. A. McClendon, with the Catholic parochial schools in Detroit through R. A. Owens, with the Detroit Public Schools through Samuel Brownell and his staff, consisting of Carl Byerly, Robert Luby and others. Contact has also been made with the Lutheran parochial schools and other private schools.

"This same pattern of school participation will be followed throughout Michigan. As soon as the nature of the exhibit material becomes available, the Committee will cooperate with the schools in plans for pertinent teaching aids to use in schools throughout the State. Preliminary plans for teaching materials will start about November 8, 1964, or as soon thereafter as the nature of the exhibit materials becomes available. We are planning a comprehensive school evaluation of the material presented to the Fair to enable us to determine the value of the project as a tool for health education.

So far as the general public is concerned, our publicity is under the capable direction of Donald N. Sweeny, Jr., M.D., and his Committee on Publicity. This Health Fair is for all of the people of Michigan, and we will so promote it throughout the State. We believe that appropriate public participation will be assured.

Finances.—As our plans for the Fair developed, it became obvious that our original budget estimate of $100,000 was low. We have now developed what we believe to be a realistic budget of $146,550. Of this sum, the Michigan State Medical Society is providing a fund of $35,000, plus the services of its staff and the facilities of the Society. The remaining $111,550 we plan to raise by subscription from (1) industry, (2) foundations, (3) pharmaceutical houses, (4) banking institutions, and (5) interested paramedical groups.

"Mr. Hugh Brenneman has been appointed public relations adviser to our Committee, and through him we have retained the services of Mr. Frank Catto for professional direction during our fund-raising drive.

"Our staff has prepared a comprehensive brochure for presentation to prospective donors. As a further aid in solicitation, we have developed a unit scale based upon the gross annual sales of major Michigan industries. One unit of this scale equals $1,200. We plan to ask for contributions of from ½ unit to 12 units or from $600 to approximately $115,000. With this preparation we are now ready to launch this most important activity of raising the money.

"Our Committee on Finance, which is primarily responsible for this job, consists of the following personnel: Robert K. Whiteley, M.D., Chairman; Luther R. Leader, M.D., co-Chairman; Earle A. Irvin, M.D.; William J. Jend, Jr., M.D.; Marion W. Jocz, M.D.; Lyndle R. Martin, M.D.; S. D. Steiner, M.D.; Elmore C. Vonderheide, M.D., and Alfred H. Whittaker, M.D.

"It is apparent that our Finance Committee cannot be expected to do this entire job alone. The responsibility for making contact with prospective donors will have to become the responsibility of the members of this House of Delegates. This is especially true in out-state areas where individual members are best acquainted with the possible sources of support in their area.

"Specifically, we need immediate assistance in the following areas: Grand Rapids, Alpena, Buchanan, Jackson, Muskegon, Bay City, Midland, Dundee, Oak Park, Dearborn, Fremont, Greenville, Warren, St. Joseph, Battle Creek, Romulus, Kalamazoo, Alma, Zeeland, Owosso, Lansing, Port Huron, Tecumseh, Saginaw, Flint and Wyandotte.

"In our survey, we may have overlooked important sources. We urge you to help us with your advice and your active participation in solicitation of financial support and in the general promotion of our Health Fair. Those of you who may already have additional information and ideas, please contact Dr. Whiteley, Dr. Leader, or any member of the Finance Committee. You may do this in the Press Room immediately after this assembly or at any appropriate time during this meeting.

"Remember, the time to act is now. The closing date of this fund drive is November 15, 1964. This is eight weeks from now.

"Continued support of this project by our Society will be contingent upon our success in raising the necessary funds to finance this Fair.

"In view of the current emphasis on physical fitness, we feel that we have an appealing story to tell. Further, we are certain that with the success of our all-Michigan Health Fair we may well establish a pattern for more comprehensive projects of this type in the future, and create an increasing awareness on the part of the public of the value of medical service and the importance of medical research and health education.

"I wish to express appreciation to all of the members who have served on committees for the Fair, and especially to the chairmen of those committees who make up the Committee on Arrangements. They are James D. Fryfogle, M.D.; Luther R. Leader, M.D.; James J. Lightbody, M.D.; Charles P. Polentz, M.D.; Francis P. Rhoades, M.D.; Remus G. Robinson, M.D., and Donald N. Sweeny, Jr., M.D."

THE REFERENCE COMMITTEE on Ways and Means, J. R. Pedden, M.D., Chairman, commended the Health Fair Arrangements Committee for an excellent job and expressed its belief that the Fair is a most worthy educational project which will be a credit to the entire MSMS.

The Reference Committee believed the Health Fair budget to be realistic and felt the necessary funds could be obtained through the proposed program of solicitation.

The Reference Committee recommended to The Council that any reasonable extension of time for the fund drive be considered, if necessary. Further, it was recommended that, if the need arises, there be a voluntary solicitation of the members of MSMS.

THE HOUSE adopted the report of the Reference Committee.

COMMITTEE REPORTS

15. Annual Reports of Council Committees

COMMITTEE ON ALCOHOLISM AND DRUG ADDICTION

R. C. BATES, M.D., *Chairman*

Three meetings were held during the year with good attendance The October issue of the MSMS Journal was devoted to alcoholism under the sponsorship of this Committee. Meetings with the Committee on the Study of Prevention of Highway Accidents and representatives of the State Bar Association have led to proposals that might eventually result in legislation aimed at identifying and treating alcoholic drivers.

Through the Michigan Foundation for Medical and Health Education, scholarships were arranged for two Michigan physicians to attend the Rutgers Summer School of Alcohol Studies.

The Committee reviewed several bills in the Michigan Legislature and gave its recommendations to the MSMS Committee on Legal Affairs.

In April the Committee visited Pontiac State Hospital in order to view facilities for treating alcoholics there.

Members of the Committee have participated in several training courses, seminars, and County Society meetings devoted to alcoholism among which the Genesee County Society's "Alcoholism Day" was noteworthy. Increasing numbers of general physicians have shown interest in treating alcoholism this year.

It appears that the Muskegon, Bay City, Battle Creek and Macomb County areas may soon join Flint, Lansing, Brighton and Detroit in opening hospital treatment centers.

Future plans include discussions of drug addicts with representatives of the Michigan State Pharmaceutical Association, discussion of addicted physicians with representatives of the Michigan State Board of Registration in Medicine and participation in television shows on the subject of alcoholism.

THE REFERENCE COMMITTEE on Reports of The Council, Alexander W. Blain, III, M.D., Chairman, recommended approval of this report.

THE HOUSE adopted the report of the Reference Committee.

COMMITTEE ON AWARDS

W. A. HYLAND, M.D., *Chairman*

Awards were given in the 1963-1964 year according to MSMS tradition.

At the Annual Session held in Grand Rapids in September, 1963, at the direction of the House of Delegates, Certificates of Commendation were presented to Forest D. Dodrill, M.D., Bloomfield Hills; Charles J. Jentgen, M.D.*, Detroit; John M. Sheldon, M.D., Ann Arbor, and Homer H. Stryker, M.D., Kalamazoo.

At the County Secretaries-Public Relations Seminar held in Lansing in February, 1964, the Distinguished Health Service Award was presented to Frederick A. Coller, M.D., Ann Arbor; A. C. Furstenberg, M.D., Ann Arbor; and William J. Stapleton, Jr., M.D., Detroit.

Individual Outstanding Health Service Awards were presented to Mrs. Irene M. Auberlin, of Detroit, President, World Medical Relief; Gordon H. Scott, Ph.D., Wayne State University College of Medicine; Robert Gillespie, R.Ph., President, American Pharmaceutical Association; Alvin M. Bentley, Owosso, Michigan Chairman, Project HOPE; Harry J. Lloynd, Detroit, President, Parke-Davis Company; Senator Frank Beadle, St. Clair, and Representative Edson V. Root, Jr., Bangor.

The following organizations were presented with the Outstanding Health Service Award: Dow Foundation, Midland; Kalamazoo Foundation; Kellogg Foundation, Battle

Creek; Kresge Foundation, Detroit; MacGregor Foundation, Detroit, and Mott Foundation, Flint.

The President's Award was presented to the Presidents of National Organizations following: Reed O. Dingman, M.D., Ann Arbor, American Society of Plastic and Reconstructive Surgery; A. E. Heustis, M.D., Lansing, Association of State and Territorial Hospital and Medical Facilities Survey and Construction Authorities; R. L. Mainwaring, M.D., Detroit, American Association of Blood Banks; Kenneth P. Mathews, M.D., Ann Arbor, American Academy of Allergists; E. C. Swanson, M.D., Vassar, Federation of State Medical Boards of the United States; Myron E. Wegman, M.D., Ann Arbor, Association of Schools of Public Health, and James LeRoy Wilson, M.D., Ann Arbor, American Pediatric Society.

Also at the Seminar the Outstanding Health Service Award for Communications was presented to the following newspapers: Benton Harbor News-Palladium; Flint Journal; Bay City Times and the St. Joseph Herald Press. The following newspapermen were similarly awarded: Jean Worth, Escanaba; Frank Angelo, Detroit Free Press, and Martin Hayden of the Detroit News. Radio Stations WILS, Lansing; WDET, Detroit; WJR, Detroit; and TV Stations WOOD-TV, Grand Rapids, and WJIM-TV, Lansing, also received the Outstanding Health Service Award for Communications.

The House of Delegates at the Annual Session in September of 1963 recognized the following physicians as having served the science of medicine for fifty years or more: From Genesee County: Leon M. Bogart, M.D., Guy D. Briggs, M.D., Grant Thorburn, M.D., and Elisha W. Caster, M.D.* Alpena County: Charles S. Wilson, M.D. Van Buren County: William Ray Young, M.D. Washtenaw County: Frederick A. Coller, M.D. Macomb County: Milton C. Smith, M.D. Grand Traverse County: Fred G. Swartz, M.D. Kalamazoo County: William Huyser, M.D., and Roy A. Morter, M.D. St. Clair County: D. W. Patterson, M.D. Montcalm County: Isaac S. Lilly, M.D., and O. P. Geib, M.D. Oakland County: Frank B. Gerls, M.D. Ingham County: Maurice L. Richardson, M.D. Houghton County: Raymond E. Hillmer, M.D.

The following doctors from Wayne County were also so recognized: Lowry C. M. Conley, M.D.; Howard Havers, M.D.; Charles S. Kennedy, M.D.; Gordon S. McAlpine, M.D.; William R. McClure, M.D.; Robert C. Moehlig, M.D.; Harold L. Morris, M.D.; William D. Ryan, M.D; Earnest C. Schultz, M.D.; F. Janney Smith, M.D.; Harold F. Ohrt, M.D.; and Clarence L. Candler, M.D.

THE REFERENCE COMMITTEE on Reports of The Council, Alexander W. Blain, III, M.D., Chairman, recommended approval of this report.

THE HOUSE adopted the report of the Reference Committee.

LIAISON COMMITTEE WITH CARDIAC DISEASE CONTROL COMMITTEE RE FINANCIAL MATTERS

C. Allen Payne, M.D., *Chairman*

This Committee has not met during the year 1964, and the duties of the Committee are not quite clear. The Chairman did meet with the Cardiac Disease Control Committee and representatives of the Michigan Heart Association, and secured a commitment from the Michigan Heart Association to support the Rheumatic Fever Control program and the centers for one more year, ending November 30, 1964, in the amount of $3,000.00, part of which has already been received by the Cardiac Disease Control Committee.

During this time, the Cardiac Disease Control Committee and the Michigan Heart Association, were to prepare and submit a plan for a new and better Cardiac Disease Control program, which would be reviewed by the Committee, and The Council MSMS, prior to approval. To date, such a plan has not been submitted.

THE REFERENCE COMMITTEE on Reports of The Council, Alexander W. Blain, III, M.D., Chairman, recommended approval of this report.

THE HOUSE adopted the report of the Reference Committee.

COMMITTEE ON COORDINATION OF MEDICAL MEETINGS DURING CENTENNIAL YEAR

Orlen J. Johnson, M.D., Bay City

The purpose of this committee was to enlist the cooperation of Michigan groups holding medical meetings during the MSMS Centennial Year and focus these scientific and educational efforts into the MSMS Centennial Annual Session.

In order that MSMS efforts could be directed solely to the production of the Centennial Session, the Michigan Clinical Institute was terminated for 1965.

In addition, the Michigan Academy of General Practice agreed not to hold an annual meeting in 1965, but in lieu thereof to program one day of the MSMS Annual Session, to be known as Michigan Academy of General Practice Day.

It was further agreed that with the discontinuation of the MCI, the Academy will hold its annual meeting in the spring of 1966 and thereafter, thus avoiding conflict with the MSMS Annual Session in the fall.

The Committee believes these arrangements will enhance the Centennial Session and will permit additional growth of future Annual Sessions.

THE REFERENCE COMMITTEE on Reports of The Council, Alexander W. Blain, III, M.D., Chairman, recommended approval of this report.

THE HOUSE adopted the report of the Reference Committee.

COMMITTEE ON COURSES ON MEDICAL ECONOMICS AND ETHICS

C. Howard Ross, M.D., *Chairman*

The year has passed, and the Senior Medical Class at the University of Michigan is about to conquer the world. They will blunt the thorns along their path after an exposure to the courses on Medical Ethics and Economics. The year was completed on May 13, 1964.

At Wayne State University College of Medicine, a similar course was performed by certain selectees from the membership, Wayne County Medical Society.

SCHEDULE OF LECTURES BEFORE U OF M SENIOR MEDICAL CLASS

1963	
6/19	*Development of a Fee Schedule,* C. Howard Ross, M.D. Here a relative fee schedule was developed which could be multiplied by 2/3 for Podunk and 4/3 for Minneapolis.
6/26	*A History of Ethics,* C. Howard Ross, M.D. Performance of the golden rule is followed throughout the centuries.
7/10	*Academic Medicine—Pros and Cons,* Robert E. L. Berry, M.D. The future Doctors are exposed to the virtues of the ivory tower and the struggles in the market place.
7/17	*Continuing Medical Education,* C. John Tupper, M.D., Associate Dean The synapses do not die at graduation.
7/31	*An Ethical Approach to Geriatrics,* C. Howard Ross, M.D. The student romps on a journey from the age 65 to 100.
8/7	*Hospital Day—Akron*
8/14	*Hospital and Internship Day,* W. N. Hubbard, M.D., Dean, and Harry A. Towsley, M.D. Thirty-nine hospitals in Michigan participated.
8/21	*A Doctor Walks Among Many Religions,* W. G. Fox, M.D. The great monotheistic religions are reviewed in one morning's round.
8/28	*Granny's Herbs and the Witch Doctor,* C. Howard Ross, M.D. Lesser medicine breaks through once in 500 times to the upper levels of legitimate therapy.
9/11	*The Ethics and Economics of Hospital Administration,* Henry Morris, Associate Administrator, St. Joseph Mercy Hospital, Ann Arbor. By elimination of useless jobs and wasteful efforts, insurance rates could be held at the present level.

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*Deceased

9/18 *The Surgeon and His Fee,* Charles G. Child, M.D., Chairman, Department of Surgery, Univ. of Michigan Medical School.
What to do with the VIP?

9/25 *A Doctor's Philosophy,* C. Howard Ross, M.D.
Step by step a youth arrives at certain philosophical conclusions before graduation.

10/9 *Duo Practice in the Early Years,* E. C. Pierce, M.D., and M. H. Hiraga, M.D.
A contrast is made between a singleton and duo practice.

10/23 *Sociological Aspects of Ethics,* Wm. Hubbard, M.D., Dean, and George W. Morley, M.D., Department of OB-GYN, University of Michigan.
- (a) *Race Explosion.*
- (b) *Family Planning.*
- (c) *Rhythm Technics Versus Diaphragm and Other Modalities.*
- (d) *Therapeutic Abortion, Criminal Abortion.*
- (e) *Artificial Insemination.*
- (f) *Has the Decrease in the Incidence of Therapeutic Abortion Found Its Origin in Science or Morality?*
- (g) *Catholic Hospital Codes, General Hospital Codes.*
- (h) *Surgical Attacks on Organs of Procreation Male and Female, Sterilization.*
- (i) *Removal of Diseased Organs Containing Embryo.*
- (j) *Should a Catholic Resident in a General Hospital Dismiss Himself from an Operation That Specificially Does Not Meet His Code?*
- (k) *Doctor and Nurse Relationships in Patient Responsibility.*

10/30 *Orientation Committee, Washtenaw County Medical Society,* Joseph Fisher, M.D., and Winslow G. Fox, M.D.
The students posed as initiates in any county society of the United States.

11/13 *Frank Wilson Memorial Lecture,* Hans Hecht, M.D.

11/20 *The Doctor's Accounting System,* C. Howard Ross, M.D.
We begin with the phone call and end up with schedule C of the federal income tax.

12/11 *The Doctor in Court,* Judge James R. Breakey, Jr.
Here the testifying doctor is top man on the totem pole.

1964

1/8 *Medical Communications and Public Relations,* Mr. Hugh Brenneman and Wallace Teed, M.D.
How the Doctor lives with himself, his patients and the public.

1/15 *Orientation with Specialties,* GP Panel.
- (a) *Introduction, Moderator:* C. Howard Ross, M.D.
- (b) *General Practice and the Specialties,* Howard Robinson, M.D.
- (c) *General Practice in a Metropolitan Area,* Lyle Korum, M.D.
- (d) *General Practice with a Rural Setting,* L. O. Shantz, M.D.
- (e) *Consultation Techniques,* Clare C. Huggett, M.D.
- (f) *Art of the Practice,* F. P. Rhoades, M.D.
- (g) *The Family Physician's Place in the Community,* Russell Fenton, M.D.
- (h) *General Practice—the Keystone,* A. C. Stander, M.D.
- (i) *Medical Organization,* W. L. Rodgers, M.D.

1/22 *Professional Management versus Rugged Individualism,* Douglas Wilson.
Question: Can the rule of thumb still be a success?

1/29 *Medical Practice—A Look Ahead,* C. John Tupper, M.D., Associate Dean
Mother Shipman's prophecy was outdone today.

2/12 *The Doctor and His Home Community,* Stuart Finch, M.D.
A Doctor becomes a neighbor.

2/19 *Medical Manpower,* A. C. Furstenberg, M.D., Dean Emeritus.
Michigan is still a wonderful place in which to practice medicine.

2/26 *The Veterans' Problem,* William Bromme, M.D.
Is service connected disability the only cause for admission?

3/4 *Coordinated Home Care Program,* Sidney Chapin, M.D.
Certain home visits are a proper substitute for convalescent hospital visits.

3/11 *We Joined with the Students, Interns and Residents MCI Detroit.*

3/18 *Medical Placement in Michigan,* Lee Feldkamp, M.D., Robert Price, M.D., and Mr. John Doherty.
How to land in the town of choice.

4/8 *Analysis of Convalescent Homes,* Conducted by: The representatives of Committee on Aging, MSMS, Geriatrics Committee, Washtenaw County Medical Society, Geriatrics Committee, MAGP and local directors of convalescent homes, including Ralph Brandt, M.D., and Lloyd Johnson of Whitehall.

5/13 *Combined Meeting with the Senior Medical Class and the American Medical Writers' Association, Michigan Chapter* (Michigan Union—Ann Arbor).

- (a) *Workshop.* I. The Executive Format.
  1. *Excellence in Writing,* Harlan Hatcher, Ph.D., President, University of Michigan.
  2. *Expansions and Limitations,* Gordon Scott, Ph.D., Vice President, Wayne State University.
  3. *Future Dependable Archives,* W. N. Hubbard, M.D., Dean, University of Michigan School of Medicine.
  4. *Aiding the Public's Mind in Health Policies,* Myron Wegman, M.D., Dean, University of Michigan SPH.
- (b) *Workshop.* II. Editing and Publishing.
  1. *The Scientific Editor's Job,* C. J. Tupper, M.D., Editor, JMSMS.
  2. *The Managing Editor and Legitimate Advertising,* Herbert Auer, Managing Editor, JMSMS.
  3. *Medical Organization's Viewpoint,* Orlen J. Johnson, M.D., President, MSMS.
  4. *Finesse in Editorials,* F. P. Rhoades, M.D., Educational Director, AAGP of Michigan.
- (c) *Workshop.* III. Mechanization of Materials.
  1. *Geriatrics, Medical and Rehabilitational Fields,"* C. Howard Ross, M.D.
  2. *Verbal vs. Written Communication,* Charles Sellers, M.D.
  3. *Visual Aids,* Sarah Jane Houtz.
  4. *Ethics in Writing,* Paul A. Zimmerman, Ph.D., President, Concordia College.
- (d) *Luncheon*
  1. Address by: W. D. Snively, Jr., M.D., President, AMWA.
     - (a) *National Meeting AMWA, 1965, Detroit.*
     - (b) *The Roots of English and Its Application to Medical Writers.*
- (e) *Workshop.* IV. The Education Explosion Student Panel.
  1. *The Student Looks at Preceptorships,* Richard Erbe, President, Senior Class University of Michigan.
  2. *The Student Looks at Internships,* Terry Chamberlain, President, SAMA of U of M.
  3. *The Student Looks at Self and Faculty,* R. R. Larsom, President, SAMA, Wayne SU, CM.
- (f) *Workshop.* V. General Practice and Specialty Panel.
  1. *G.P.'s Place in Medical Literature,* Lyle Korum, M.D., Preesident AAGP of Michigan.

2. *Who Teaches Whom?* E. Clarkson Long, M.D., Executive Secretary, AAGP of Michigan.
3. *Is Our Future Rosy?*, W. S. Smith, M.D., Chief Orthopedics UMMS.
4. *Data vs. Boredom*, Robert Willson, M.D., Chief OB and GYN, UMMS.

(g) *Workshop.* VI. Day's Summary.

1. *For the Present,* Earl F. Wolfman, M.D., Assistant Dean, UMMS.
2. *For the Future*, Alfred H. Whittaker, M.D., President, Wayne County Medical Society.
3. *Critical Review*, Professor James Stokley, School of Journalism, MSU.

(h) *Reception:* Honoring National President AMWA W. D. Snively, Jr., M.D., at home of Dr. and Mrs. C. Howard Ross, 180 Underdown Road, Barton Hills, Ann Arbor.

We are hoping that Lester Dodd's health will permit his entering the program in 1965, with his presentation entitled: "How to Land in Court in 10 Easy Lessons."

Externships have made inroads on total attendance. However, generous students have taken notes and passed the good word along.

We certainly appreciate the excellent contributions and dedication of visiting speakers, committee members and medical students.

THE REFERENCE COMMITTEE on Reports of The Council, Alexander W. Blain, III, M.D., Chairman, recommended approval of this report.

THE HOUSE adopted the report of the Reference Committee.

COMMITTEE ON MEDICARE

Bradley M. Harris, M.D., *Chairman*

The Committee met in January of 1964 to review the revised contract for patients receiving care under the Medicare Program, operated through the Office of Dependents, Medical Care, Office of the Surgeon-General, U. S. Army.

There being no major changes, the Committee recommended that it be signed by the appropriate MSMS officers.

THE REFERENCE COMMITTEE on Reports of The Council, Alexander W. Blain, III, M.D., Chairman, recommended approval of this report.

THE HOUSE adopted the report of the Reference Committee.

COMMITTEE ON NURSING

R. J. Mason, M.D., *Chairman*

This Committee was reactivated in May of 1964 after a period of no meetings for the previous 18 months.

Programming has been directed to re-establishing a closer liaison with the nursing profession and its representatives in matters relating to professional care, educational expansion, inter-relating of patient care and definition of terms.

New harmony has been developed and it is felt that increased activity will result in a better liaison between these two professions.

THE REFERENCE COMMITTEE on Reports of The Council, Alexander W. Blain, III, M.D., Chairman, recommended approval of this report.

THE HOUSE adopted the report of the Reference Committee.

COMMITTEE ON ORAL POLIO VACCINE

R. J. Mason, M.D., *Chairman*

This Committee was continued through the year 1964 to be used as a resource or reference committee should difficulties arise relative to the use of live oral polio vaccine in the State of Michigan.

Since no controversies were presented, the Committee held no meetings and we would recommend that the Committee be dissolved.

THE REFERENCE COMMITTEE on Reports of The Council, Alexander W. Blain, III, M.D., Chairman, recommended approval of this report.

THE HOUSE adopted the report of the Reference Committee.

COMMITTEE ON REHABILITATION

S. D. Steiner, M.D., *Chairman*

This Committee met twice as follows: November 13, 1963 and March 19, 1964. Our main work consisted of a survey of medical rehabilitation facilities in Michigan for the physically impaired with the goal in mind that such information would be of great value to the medical profession.

After many hours of concentrated study, developing and testing, a recommended survey questionnaire was sent to The Council for approval. A recommendation was also made to The Council that this survey be conducted through MSMS component societies to assure that the information obtained would reflect the best possible medical evaluation of available rehabilitation facilities and services. These items were approved by The Council at its meeting of April 15, 1964.

The presidents of all MSMS component medical societies were contacted on April 27, 1964, and asked to implement this survey through their respective rehabilitation committees or some other appropriate committee.

This survey is still in progress and final results will be made available upon its completion.

We express our deep appreciation to Robert Chandler, Ph.D., of the General Motors Corporation who volunteered valuable consultation services to the Committee regarding the structuring and testing of the survey questionnaire.

THE REFERENCE COMMITTEE on Reports of The Council, Alexander W. Blain, III, M.D., Chairman, recommended approval of this report.

THE HOUSE adopted the report of the Reference Committee.

AD HOC COMMITTEE TO STUDY PROPOSED UTILIZATION COMMITTEE

H. H. Hiscock, M.D., *Chairman*

The 1963 House of Delegates adopted the recommendation of the Reference Committee on Medical Service and Prepayment Insurance: "We are particularly interested in the continuing problem of utilization control. We feel that no person other than a qualified physician, and no group or organization other than one composed chiefly of practicing physicians, is competent to form judgments as to the propriety of any medical service. The Reference Committee would therefore recommend the following realistic approach to utilization control:

"The Michigan State Medical Society should accept the obligation for utilization control. We therefore recommend that The Council appoint members of the Michigan State Medical Society to investigate specific utilization problems referred by Michigan Medical Service or other responsible groups. These physicians should be compensated by the MSMS and we further recommend that Michigan Medical Service cooperate in defraying the costs of such investigations."

The Council appointed this Committee to study the overall problem and make recommendations regarding the procedures that should be followed by the utilization committee as recommended by the House.

The Council had preliminary discussion with officers of Blue Shield and this Committee met formally with Blue Shield representatives on two occasions. In addition, information was provided by mail and personal contact.

The Council at its meeting with the MMS Board on March 10 discussed this problem.

At its April 9 meeting, this Committee adopted several recommendations for the operation of a utilization committee, as follows:

"MOTION: That this Committee recommend to The Council that there be established a Medical Review and Arbitration Committee of the Michigan State Medical Society; carried.

"MOTION: That this Committee recommend that The Council urge and encourage each component society to establish a committee similar to the MSMS Medical Review and Arbitration Committee, these committees to be formed so that any individual, group or insurance company directly concerned may present to the component society any instance where information leads them to believe that medical care rendered deviates from the accepted practice in the area. This information, in writing, shall be made available to the Medical Review and Arbitration Committee of the component society. Such information shall be held confidential by all persons, groups and organizations involved. The Medical Review and Arbitration Committee shall consult any and all of the parties involved and review the information and facts outlined. When the decision has been reached, the findings of the review shall be made available to those concerned. When the physician concerned is considered to have handled a case in a manner judged to be proper medical practice in Michigan, the complainant shall be so notified. If the manner of handling the case in review is not considered proper and adequate medical care, appropriate corrective action shall be taken. Either party may appeal the findings of the Medical Review and Arbitration Committee of the component society to the Medical Review and Arbitration Committee of the Michigan State Medical Society; carried.

"MOTION: That the Medical Review and Arbitration Committee of MSMS, acting as an appeal body, is responsible for the establishment of proper procedures for appeal. It shall have the power to make recommendations to component societies regarding the handling of disciplinary matters in order that such matters, if appealed, are in satisfactory condition so that a fair and just decision may be reached by the MSMS Medical Review and Arbitration Committee. The MSMS Medical Review and Arbitration Committee has the authority to recommend solutions that may be prescribed by component society committees or the MSMS committee in the event the alleged violation was found to be true as charged; carried.

"MOTION: That the above recommendations be referred to MSMS Legal Counsel for opinion prior to submission to The Council; carried."

The Council approved the intent of the recommendations subject to the advice of Legal Counsel.

Subsequently, The Council disapproved the Committee's recommendations, on advice of Legal Counsel, inasmuch as implementation of the recommendations requires amendment of the Bylaws. Council recommended that this matter be referred to the House of Delegates Standing Committee on Constitution and Bylaws to be considered by it in conjunction with other studies of revision of the MSMS disciplinary and judicial system in cooperation with the AMA.

THE REFERENCE COMMITTEE on Reports of The Council, Alexander W. Blain, III, M.D., Chairman, recommended approval of this report.

THE HOUSE adopted the report of the Reference Committee.

COMMITTEE ON VETERANS' AFFAIRS

William Bromme, M.D., *Chairman*

All members of the Committee were circularized during the past year regarding potential agenda items but the consensus was that there was no business which warranted the calling of a meeting. As you know, the major present responsibility of this Committee is the negotiation of new fee schedules with the Veterans' Administration in regard to the Home Town Care Program. It is believed that there is no reason for entertaining this problem at this time since relationships with the Veterans' Administration regional office are extremely good.

The Chairman reports with regret the untimely death of Doctor William A. Scott, who had been a faithful member of this Committee for years.

THE REFERENCE COMMITTEE on Reports of The Council, Alexander W. Blain, III, M.D., Chairman, recommended approval of this report.

THE HOUSE adopted the report of the Reference Committee.

LIAISON COMMITTEE WITH MICHIGAN STATE BOARD OF REGISTRATION IN MEDICINE

K. H. Johnson, M.D., *Chairman*

The Council, MSMS, referred to this Committee Resolution No. 3 of the 1963 MSMS House of Delegates and directed the Committee "to investigate the problem implied therein and to proceed to recommend means of implementing solutions to the same under the philosophy of the resolution." In order to accomplish this charge, the Committee consulted with MSMS Legal Counsel.

After study, Legal Counsel rendered his opinion that the creation of a State Medical Disciplinary Board with composition called for in Resolution No. 3 would probably not stand the test of constitutional validity under the Michigan Constitution.

Resolution No. 3, as passed by the 1963 House of Delegates, was worded in such a manner as to preclude its implementation through the legislative process. Creation of a State Medical Disciplinary Board by the Michigan Legislature as an official agency of state government could not be done in such a manner as to require that the Board members be selected by an unofficial body such as the MSMS House of Delegates. If, therefore, the concept of a State Medical Disciplinary Board is to be pursued, a revised resolution should be adopted by the House of Delegates.

The Committee noted, however, that MSMS successfully urged the Michigan Legislature, during the 1964 session, to increase the budget for the State Board of Registration in Medicine to an extent which would offer greater opportunity for investigation and discipline in those instances where actual illegal acts have been committed. The Committee further is aware of the fact that attention is being given at a national level to the drafting of a recommended model Medical Practice Act which will undoubtedly suggest ways and means for handling disciplinary and similar problems, and that MSMS is reviewing its own judicial and disciplinary procedures.

THE REFERENCE COMMITTEE on Reports of The Council, Alexander W. Blain, III, M.D., Chairman, recommended approval of this report.

THE HOUSE adopted the report of the Reference Committee.

AMERICAN MEDICAL ASSOCIATION EDUCATION AND RESEARCH FOUNDATION MEDICAL EDUCATION LOAN GUARANTEE PROGRAM

Progress Report through December 31, 1963

O. B. McGillicuddy, M.D., *Michigan Chairman*

Borrowing Increases in Second Year

By the end of 1963, a total of 11,876 bank loans with a principal value of nearly $14 million had been guaranteed under the AMA-ERF Loan Program. There were 8,430 medical students, interns and residents who had borrowed, 3,739 of them for the first time in 1963.

The rate of borrowing in 1963 increased slightly from 1962. In 1963, an average of 546 loans were made each month, compared with 532 the previous year.

Represented in the program are students at 85 medical schools and interns and residents in 583 hospitals in 47 states and possessions.

Repayments Begin

Eventually, as more and more borrowers pay back their loans, the amount of repayments will offset new loans being made. At that point, estimated to be about seven or eight years away, additional contributions to the Guarantee Fund will not be needed.

Until that time, new money must be added to the Guarantee Fund. Provided the borrowing rate does not rise, however, the amount needed should decrease annually because of the growing amount of loans being repaid. A total of 319 borrowers had returned money to the program by the end of 1963. Of these, 58 paid off their loans in full, and the others began monthly repayment plans. In addition, AMA-ERF purchased five loans from the Continental Illinois National Bank. Four of these notes were in default through death.

At the present borrowing rate, approximately $750,000 will be required to guarantee loans in 1964.

Support of Guarantee Fund Grows

Contribution support of the Loan Program continued strong in 1963.

Once again, physicians, as individuals and through their medical societies and professional organizations, gave approximately half of the funds contributed during the year, matching gifts from industry and related sources.

By year's end, 66 companies and company foundations and 41 medical organizations had contributed. Of these, 25 gave in both years, 64 gave for the first time in 1963 and 18 gave only in 1962.

With each dollar in the Guarantee Fund covering $12.50 in loan principal and accrueable interest, approximately 75% of the fund had been committed at the end of 1963.

Government Program Authorized

During 1963, Congress passed legislation calling for government loans to students of medicine, dentistry and osteopathy. Scheduled to begin in 1964, the three-year program calls for appropriations of $5.1 million the first year, $10.2 million the second year and $15.4 million the third year.

The government program stipulates no interest shall accrue on loans while the student is in school, nor for three years following graduation. At that point, the loan is repaid with 3% simple interest, or the prevailing government rate, charged on the unpaid balance.

The AMA-ERF program is based solely on individual responsibility and involves no subsidy. It provides for a 5.5% simple interest rate accruing annually during the training period, and 6.5% simple computed on the monthly unpaid balance during repayment.

Impact on AMA-ERF Program

It cannot be determined at this time what effect the federal program will have. Three factors, however, may be influential.

1. Government loans, because they are interest-free, could increase the overall demand for loan funds among medical students, rather than displace existing demand.
2. Actually, the government program intends to concentrate on freshmen the first year, freshmen and sophomores the second year and freshmen, sophomores and juniors the third. Initially, this policy should have little impact on the AMA-ERF program. Of AMA-ERF loans made in 1963, only 7% went to freshmen, 16% to sophomores and 19% to juniors—nearly 60% went to seniors, interns and residents.
3. AMA-ERF, of course, intends to maintain its Loan Program as a ready and convenient resource for any medical student, intern or resident who meets the minimal qualifications. It hopes to demonstrate, through continued experience, that private voluntary contributors and organized medicine are increasingly capable of meeting the borrowing needs of medical trainees in tradition of self-help.

Loans in Michigan (State of Training)

1962 Loans	1963 Loans	Total	Total Principal
153	197	350	$411,300

Loans at Michigan Medical Schools

School	1962 Loans (10 mos.)	1963 Loans (12 mos.)	Total (22 mos.)	Total Principal (22 mos.)
Michigan	49	30	79	$ 86,000
Wayne	40	48	88	101,600

THE REFERENCE COMMITTEE on Reports of The Council, Alexander W. Blain, III, M.D., Chairman, recommended approval of this report.

THE HOUSE adopted the report of the Reference Committee.

COMMITTEE ON MEDICINE AND RELIGION

RICHARD L. RAPPORT, M.D., *Chairman*

On December 18, 1963, the MSMS Committee on Medicine and Religion held its organizational meeting. Representatives from the Department of Medicine and Religion of the American Medical Association were present to inform us of experiences in other states.

The purpose of the Committee was clearly defined as follows: To encourage component medical societies to organize local committees and implement programs to increase understanding between the clergy and the physician in the interest of better patient care. Initial efforts were limited to county medical societies represented by members of the State Committee.

A second meeting was held May 13, 1964, and excellent progress reports were submitted by the following counties: Kent, Ingham, Genesee, Monroe, Saginaw, and Washtenaw.

The Chairman has written an editorial for the State Journal outlining the purposes of the Committee.

A multitude of activities have been planned for the fall of 1964.

THE REFERENCE COMMITTEE on Reports of The Council, Alexander W. Blain, III, M.D., Chairman, recommended approval of this report.

THE HOUSE adopted the report of the Reference Committee.

LIAISON COMMITTEE WITH RESIDENTS AND INTERNS

N. D. HENDERSON, M.D., *Chairman*

In previous years, liaison and contact between MSMS and interns and residents has been maintained principally through the Annual Conference for Residents, Interns, and Senior Medical Students. This one-day meeting took place during the Michigan Clinical Institute.

Three factors led to the creation of this new Liaison Committee with Residents and Interns:

One, no future MCI's are planned, thus the annual Conference cannot be tied into that postgraduate meeting.

Two, the 1962-63 Committee to Study Establishment of Loan Fund for New Physicians recommended creation of a special committee to improve liaison and communications with new physicians.

Three, the Planning Committee for the Interns-Residents Conference had made certain recommendations which warranted study.

The Committee is studying the recommendations of these several committees, the House of Delegates and The Council, and will schedule an early fall meeting to develop specific liaison plans for 1964-65.

THE REFERENCE COMMITTEE on Reports of The Council, Alexander W. Blain, III, M.D., Chairman, recommended approval of this report.

THE HOUSE adopted the report of the Reference Committee.

COMMITTEE ON RETIREMENT PLAN

R. K. WHITELEY, M.D., *Chairman*

Based upon a review of the Michigan Professional Service Corporation Act of 1962, and the Federal Self-Employed Individuals Act of 1962 (Keogh Law), the Committee completed its study of a proposed retirement plan for the members of the Michigan State Medical Society.

This plan, based upon the Keogh Law, was developed with the help of McCoy, McLaurin and Lackey, Inc., and has been submitted to The Council for its information and recommendation.

Before making a determination, The Council has requested that McCoy, McLaurin and Lackey, Inc., provide more detailed information.

THE REFERENCE COMMITTEE on Reports of The Council, Alexander W. Blain, III, M.D., Chairman, recommended approval of this report.

THE HOUSE adopted the report of the Reference Committee.

LIAISON COMMITTEE WITH STATE BAR OF MICHIGAN

W. M. LeFevre, M.D., *Chairman*

Your Committee held no meetings during the year. The business of a cooperating code including the Michigan Hospital Association had been completed previous to the 1963 Annual Meeting.

It is the thought of the Committee, however, that the Committee should be continued in order to be ready to deal with any pertinent matter which might arise.

THE REFERENCE COMMITTEE on Reports of The Council, Alexander W. Blain, III, M.D., Chairman, recommended approval of this report.

THE HOUSE adopted the report of the Reference Committee.

LIAISON COMMITTEE WITH STATE EXECUTIVE OFFICE

K. H. Johnson, M.D., *Chairman*

The purpose of the Liaison Committee is to supply advice and counsel to the Governor and his staff with respect to medical matters or matters of interest to the Michigan State Medical Society, and to make its services available in relation to any program aimed at improving the health of the people of Michigan.

In discharging these responsibilities the Committee, during the past year, has met as required with the Chief Executive of Michigan, and has kept appraised of the viewpoint of the Governor's office with respect to all legislation of interest to the medical profession. A large number of recommendations for appointment to various health boards, committees, councils and commissions in state government were made through the Committee and subsequently favorably acted upon by the Chief Executive. The Committee has also, upon request, recommended through The Council and to the Governor, MSMS representatives to various conferences dealing with health matters. It also participated in the successful effort to gain Executive Office support for the repeal of Rule 10 in the MAA program.

Finally, the Committee continues to maintain close liaison with the Executive Office with respect to the impending reorganization of the executive branch of state government, particularly as this will affect the health and licensing agencies.

Each action of the Committee has ben reported in detail to The Council.

THE REFERENCE COMMITTEE on Reports of The Council, Alexander W. Blain, III, M.D., Chairman, recommended approval of this report.

THE HOUSE adopted the report of the Reference Committee.

AD HOC COMMITTEE TO STUDY ESTABLISHMENT OF MSMS SERVICE CORPORATION

O. B. McGillicuddy, M.D., *Chairman*

The matter of the advisability of MSMS establishing a separate corporation for the purpose of providing special services for MSMS members is still under active study by this committee.

The establishment of such a service corporation might be desirable if MSMS tax status is felt to be in jeopardy as a result of recent Internal Revenue rulings regarding unrelated income of business leagues.

The Council has authorized a complete review of the MSMS tax position. Following this, the committee will be in a position to make a determination and recommendation.

THE REFERENCE COMMITTEE on Reports of The Council, Alexander W. Blain, III, M.D., Chairman, recommended approval of this report.

THE HOUSE adopted the report of the Reference Committee.

LIAISON COMMITTEE WITH THE MICHIGAN STATE PHARMACEUTICAL ASSOCIATION

R. V. Daugharty, M.D., *Chairman*

The Liaison Committee considered and acted upon a number of matters vital to both professions during 1963-1964, including the question of physician ownership of pharmacies, corporate ownership of pharmacies, legislation before the 1964 state legislature dealing with drugs, pharmaceutical services in hospitals, and the development of a code of understanding between physicians and pharmacists.

In connection with physician ownership of pharmacies, the committee recommended a policy, adopted by The Council of MSMS, that "It is fundamental that all individuals, whether receiving professional services by private or public means, have freedom to select the pharmacist from whom they receive such services." A congressional investigation into this area is currently being undertaken and the committee continues its intensive examination into the activities of the U. S. Senate Committee as they relate to Michigan.

The committee has continued to review Michigan developments relating to the question of corporate ownership of pharmacies. It has also concerned itself with providing technical data relating to state legislation adding paregoric to the roster of drugs requiring a prescription, and has studied the suggested principles and guidelines for pharmaceutical services in hospitals which were developed subsequent to the adoption of a revised pharmacy code in Michigan.

The committee, recognizing that the American Medical Association and the American Pharmaceutical Association have given consideration to the development of a "Code of Understanding" between the two groups at a national level, has refrained from making a specific recommendation with respect to adoption of a locally-developed Code pending an analysis of a document which may emanate from the national organizations and, with minor modifications, be most desirable for state use.

THE REFERENCE COMMITTEE on Reports of The Council, Alexander W. Blain, III, M.D., Chairman, recommended approval of this report.

THE HOUSE adopted the report of the Reference Committee.

COMMITTEE ON UNIFORM FEE SCHEDULE FOR GOVERNMENTAL WELFARE AGENCIES

W. M. LeFevre, M.D., *Chairman*

As directed by The Council, this Committee completed the assignment of developing a new Uniform Fee Schedule for Governmental Welfare Agencies, which is based on the policy "that wards of government be not treated as indigents, and that physicians be compensated by the usual fair fee for their services."

This Committee has recommended to The Council that the Michigan Relative Value Study of 1961 be adopted as the new "Michigan Uniform Fee Schedule for Governmental Welfare Agencies" with a monetary value of $3.50 to be applied to the unit values listed, both X and Y, in all sections.

THE REFERENCE COMMITTEE on Reports of The Council, Alexander W. Blain, III, M.D., Chairman, recommended approval of this report.

THE HOUSE adopted the report of the Reference Committee.

COMMITTEE TO STUDY WORKMEN'S COMPENSATION

Wm. Jend, Jr., M.D., *Chairman*

This Committee was created by The Council, MSMS, upon recommendation of the MSMS Occupational Health Committee that a special group be appointed to work toward strengthening and improving the medical aspects of the administration of Workmen's Compensation.

The Committee has kept fully abreast of developments in regard to its assignment. The work of a 1963-1964 Executive Department study committee was reviewed and recommendations were made to the study committee. A Workmen's Compensation legislative proposal in the 1964 session was reviewed and recommendations made thereon through the MSMS Legal Affairs Committee to The Council. This legislative proposal did not become law.

The Committee is currently cooperating with the State Legislative Interim Study Committee which is working on a proposal for the 1965 State Legislature. Due to the complexity of this subject and the continuing nature of the assignment, this Committee has requested that it be authorized to continue its work during the coming year.

THE REFERENCE COMMITTEE on Reports of The Council, Alexander W. Blain, III, M.D., Chairman, recommended approval of this report.

THE HOUSE adopted the report of the Reference Committee.

JOINT COUNCIL TO IMPROVE HEALTH CARE OF THE AGED

A. Hazen Price, M.D., *Chairman*

The Joint Council to Improve the Health Care of the Aged held no meetings during the past year. This Committee was comprised of representatives of the Medical Profession, Michigan Nursing Home Association, Michigan Hospital Association and the Michigan State Dental Society.

Representatives of the Michigan Nursing Home Association attended one of the meetings of the Committee on Aging, and no matters were presented which required a meeting of this group.

THE REFERENCE COMMITTEE on Reports of The Council, Alexander W. Blain, III, M.D., Chairman, recommended approval of this report.

THE HOUSE adopted the report of the Reference Committee.

PERMANENT CONFERENCE COMMITTEE WITH MICHIGAN HOSPITAL ASSOCIATION, MICHIGAN LEAGUE FOR NURSING, MICHIGAN STATE NURSES ASSOCIATION

Raphael Altman, M.D., *Chairman*

This Committee did not meet during the past year. A new Committee on Nursing has held two meetings with representatives of the Michigan State Nurses Association and reviewed the problems that formerly would have been discussed with this group.

THE REFERENCE COMMITTEE on Reports of The Council, Alexander W. Blain, III, M.D., Chairman, recommended approval of this report.

THE HOUSE adopted the report of the Reference Committee.

DISASTER MEDICAL CARE COMMITTEE

G. L. Otis, M.D., *Chairman*

The Disaster Medical Care Committee held three meetings during the past year, February 15, May 20 and July 22.

The Committee has continued its cooperation with the Michigan Department of Health, the Michigan State Police, and its liaison with the many other organizations in Michigan that would be involved in patient care and in public health, in the event of a disaster. Efforts are continuing to develop a county and regional organization, especially in cooperation with the Michigan Hospital Association, existing hospitals and the Civil Defense Emergency Hospitals stored throughout the state. Recent contacts with the Michigan Hospital Association point to improved liaison for the coming year and the expectation of moving out of the planning stages into the training stage for disaster medical care.

The Committee appreciates the cooperation of the members of the Michigan State Medical Society in the past and hopes for increased activity at the local level during the coming year.

THE REFERENCE COMMITTEE on Reports of The Council, Alexander W. Blain, III, M.D., Chairman, recommended approval of this report.

THE HOUSE adopted the report of the Reference Committee.

MICHIGAN CRIPPLED CHILDREN COMMISSION

A. C. Stander, M.D., *Chairman*

This Committee had its first meeting on June 4, 1964.

Payment for the care of afflicted children under one year with diarrhea was discussed, and R. G. Rice, M.D., stated that these cases could be taken care of by the MCCC.

The resolutions and substitute resolution of the 1963 House of Delegates were discussed.

A discussion of burn cases revealed that after approximately 30 days care these cases were considered a crippled children's case, and reconstructive surgery would have to be done by Certified Plastic Surgeons. Also, qualifications of men doing Crippled Children's work would be under the guidance of the Commission's Medical Advisory Committee.

Elective surgery cases, principally tonsilectomies and adenoidectomies, under the Afflicted Children Program would require a second opinion, but could be performed by any surgeon considered qualified by the staff of an approved hospital.

The Commission assured the members of the Committee that they are engaged in a continuous process of seeking to simplify billing methods. On the question of "field clinics," the Commission stated this matter is undergoing constant evaluation.

Recent legislation that raised the fee schedule to 80% of Michigan Uniform Fee Schedule for Governmental Welfare Agencies was referred to, and the expectation that this may be raised to 100% in 1965 legislation was voiced by Commission members.

The Committee moved that "The Council recommend to the House of Delegates of the Michigan State Medical Society be requested to adopt the position that in any governmental reorganization, the identity of the Michigan Crippled Children Commission be retained intact as a functioning unit."

The entire Commission and its Medical Director were present, and Chairman Martin Fleming expressed for the Commission that body's unanimous opinion that liaison meetings are most welcome and a continuation of the present activity will be mutually helpful.

THE REFERENCE COMMITTEE on Reports of The Council noted that The Council did not accept the Liaison Committee's recommendation regarding taking a position on the MCCC's future relationship in the plan for reorganization of state government. With this exception, the Reference Committee recommended approval of this annual report.

THE HOUSE adopted the report of the Reference Committee.

AD HOC COMMITTEE TO STUDY AMA CONCEPT OF PUBLIC HEALTH

R. J. Mason, M.D., *Chairman*

The Council adopted a position statement in lieu of the Committee's annual report, as follows:

"That the MSMS delegates to the AMA, if in their opinion it is desirable, request the AMA to include in its 1962 AMA Concept of Public Health the interpretive clarifying statement of the AMA Board of Trustees expressed to the 1964 AMA House of Delegates."

The Board of Trustees' statement is as follows:

"It is apparent from a review of the complete reports and the context in which they were considered that the words 'public health' refer to all 'organized community efforts' and not only to health department programs. Activities sponsored by voluntary health associations, medical societies and other health-oriented groups are included under the term. They are expected, together with health departments, to promote community efforts to maintain, protect and improve the health of the people."

THE REFERENCE COMMITTEE on Reports of The Council recommended approval of The Council's position statement. However, the Reference Committee felt MSMS should go farther in defining the proper role of public health departments and recommended that such a precise definition be developed.

THE HOUSE adopted the report of the Reference Committee.

HOSPITAL RELATIONS COMMITTEE

E. E. Martmer, M.D., *Chairman*

This Council committee is responsible for combining medical and hospital interests so as to improve health care and to maintain minimum hospital cost through such cooperative effort. It is charged with concerning itself with rules and minimum standards for hospitals, principles of hospital-physician relationships and hospital-physician responsibilities. The Committee regularly meets with a liaison group representing the Michigan Hospital Association and its deliberations are reported to The Council, MSMS and the Board of Trustees, MHA.

Two meetings of the Committee were held, one in February and one in March, devoted to consideration of a proposal, incorporated in a resolution adopted by the Board of Trustees of the Michigan Hospital Association on January 8, 1964, that certain Blue Shield Class II Benefits (anesthesiology, pathology, radiology, and internal medicine as it relates to cardiology) should be transferred to Blue Cross contracts. At the first of these meetings presidents of the four affected specialty groups were present and expressed unanimous oppostion to such transfer.

Michigan Hospital Association representatives, at the second meeting, agreed to recommend withdrawal of the resolution contingent upon support of the Michigan State Medical Society for a strong and continuing liaison between the Michigan Medical Service and the Michigan Hospital Association. MSMS support was given as requested. Subsequent to this the Board of Trustees of the Michigan Hospital Service was given a staff recommendation that anesthesia services, if "hospital provided," be made a contract benefit.

The Council was requested by the Hospital Relations Committee to strengthen and broaden a channel of liaison between MSMS and the Michigan Hospital Service and, upon notification of the development involving anesthesia services, The Council established a Liaison Committee with Michigan Hospital Service (with membership substantially the same as the Hospital Relations Committee, pending discussion with Michigan Hospital Service).

A third meeting was then held and attended by guests representing MHS Medical Advisory Committee, the Michigan Medical Service and the Michigan Society of Anesthesiologists, and reported to The Council as a report of the "Liaison Committee with Michigan Hospital Service." This third meeting was held on June 28, 1964.

MHS had requested a meeting with the Michigan State Medical Society on July 2, 1964, and the meeting was held at the Michigan Hospital Service building in Detroit with Mr. W. S. McNary, MHS President, presiding. Representatives of Michigan Medical Service, Michigan Hospital Service, Michigan State Medical Society, and Michigan Society of Anesthesiologists were present and each stated their views on the question of payment for anesthesiology services.

At the June 28 meeting, the following statement was developed to serve as a guideline for the MSMS representatives in the discussion with MHS, and it was expressed by Orlen J. Johnson, M.D., President of MSMS, on July 2:

"We believe that all subscribers to Michigan Medical Service and Michigan Hospital Service contracts should have available adequate anesthesia service at all times. We also believe that there should be no dual payment for a single service, and that:

(1) Payment for professional services of physicians (other than those training) is a responsibility of Michigan Medical Service (this being consistent with the policy of both the American Medical Association and the Michigan State Medical Society);

(2) The administration of anesthesia by a registered nurse in the employ of a hospital is a hospital service, for which Michigan Hospital Service should provide the hospital compensation under the reimbursable formula.

It is recommended that, in the implementation of the above recommendations, Michigan Medical Service, and Michigan Hospital Service give due consideration to the solution of individual problems which may result from the clarification of their individual responsibilities."

The July 2 meeting was adjourned without any action being taken.

Prior to the July 16-18 Council meeting, the foregoing statement was transmitted to all Council members; the statement was adopted by The Council, and delivered to both Michigan Hospital Service and Michigan Medical Service on July 17, 1964.

Although most of its activity during 1963-1964 was related to the foregoing, it should be noted that the Hospital Relations Committee served as a vehicle for mutual understanding and cooperation between the Michigan State Medical Society and the Michigan Hospital Association in matters involving legislation during the 1964 legislative session.

THE REFERENCE COMMITTEE on Reports of The Council wholeheartedly supported the actions of this Council Committee in its efforts to see that professional service remains the responsibility of Michigan Medical Service.

THE HOUSE adopted the report of the Reference Committee.

COMMITTEE ON RELATIVE VALUE STUDY

L. R. Leader, M.D., *Chairman*

The Committee held meetings on January 12, 1964, April 12, 1964, June 7, 1964, July 1, 1964, and July 26, 1964.

As instructed by the 1963 House of Delegates, the Committee's chief work was to study the matter of alleged inequities in the Michigan Relative Value Study (see Resolution below).

As a result of this study, the Committee has taken the following action:

1. Submitted to The Council for approval, suggested changes in the Radiologic Section of the Michigan RVS.
2. Recommended to The Council that health insurance carriers may properly use the various sections of the Michigan RVS by assigning the changed unit values for radiologic procedures.
3. Recommended to The Council that an RVS Committee should continue to function so as to continue the task assigned by the 1963 House of Delegates.

1963 Amended Substitute Resolution Adopted in Lieu of Resolutions Nos. 12, 19, 20, 21, 22, 23, 32, 33, 45, 47, 55, 60, 61, 67, 69, 70

MICHIGAN RELATIVE VALUE SCALE

Whereas, the 1962 House of Delegates of the Michigan State Medical Society requested Michigan Medical Service to implement the Michigan Relative Value Scale at such time as it considered practical, and

Whereas, the Board of Directors of Michigan Medical Service has completed and forwarded its study including computer data to the 1963 House of Delegates for the information of its members, and

Whereas, it has been alleged that there are inequities present which require further study of economic considerations and discussion with all segments of the medical profession of Michigan, therefore be it

RESOLVED: That the Relative Value Scale be not implemented at this time by the Michigan Medical Service; and be it further

RESOLVED: That the problem of these alleged inequities be recommitted to the presently constituted Relative Value Study Committee; and be it further

RESOLVED: That any revised Scale developed by the Relative Value Study Committee be submitted to Michigan Medical Service for monetary interpretation only, without implementation, and then return to the House of Delegates at a special or the next regular meeting, whichever is practicable.

THE REFERENCE COMMITTEE on Reports of The Council recommended approval of this annual report as amended by The Council, emphasizing support of the RVS Committees' recommendation continuing the function of the Committee.

THE HOUSE amended the report of the Reference Committee by changing Recommendation 2 to read as follows:

2. Recommended to The Council that health insurance carriers may properly use the various sections of the Michigan RVS and assign unit values to medicine, surgery, pathology and roentgenology.

THE HOUSE adopted the report of the Reference Committee as amended.

16. Annual Reports of Standing Committees

COMMITTEE ON CANCER CONTROL

H. J. VandenBerg, Jr., M.D., *Chairman*

The Cancer Control Committee met on three occasions, November 1963, February 1964 and May 1964. Its actions and recommendations were as follows:

1. *Cancer Registry Bill.*—The Committee approved the principles involved in the proposed legislation in a bill to be submitted to the Michigan Legislature concerning a Cancer Registry Bill submitted by the Michigan Cancer Registry. The bill was essentially the same as that submitted to the 1963 Legislature, which was not acted upon. The purpose of the bill was to establish recognition of a Cancer Registry as a "Medical Research" project by its denotation by the State Health Commissioner as a "Medical Research" project without his bona fide participation in the project.

2. *Education Campaign on Hazards of Smoking.*—The Council referred Resolution No. 48 of the 1963 House of Delegates to this Committee for implementation. The Committee requested The Council to remind all Michigan physicians of the hazards of cigarette smoking. Further, physicians were requested to perform a health education service to their patients by (1) encouraging patients not to begin the practice and (2) encouraging smokers to stop or curtail their smoking.

Guidance and support was given the pilot program of smoking education in Michigan schools. This program developed, tested, and finalized curriculum guides for teaching students facts on smoking and health. The Cancer Control Committee was provided a detailed progress report of the pilot program in January by Robert Luby, Ph.D., Director of Health Education of the Detroit school system. With the finalization of the curriculum guides, many voluntary health organizations have joined a State Coordinating Committee on Smoking. Your Chairman of the MSMS Cancer Control Committee has accepted an invitation to head this group. The State Coordinating Committee will distribute the curriculum guides to all schools in Michigan with the Michigan Health Council serving as the coordinating agency during the 1964-1965 school year.

3. *Distribution of Literature on Smoking to MSMS Physicians and Members of the Michigan State Dental Association.*—The Committee selected five pamphlets relating to smoking and health from a considerable volume of such literature for distribution in doctors' and dentists' waiting rooms. It recommended that the distribution and cost of this literature be borne by the Michigan Cancer Coordinating Committee. The MCCC, of which MSMS is a member organization, agreed to underwrite the cost of the distribution up to $3,000.

The initial response to the mailing was double that expected and nearly 340,000 pamphlets have been mailed to requesting physicians and dentists for distribution to patients.

THE REFERENCE COMMITTEE on Reports of Standing Committees, H. W. Harris, M.D., Chairman, recommended approval of the Annual Report, pointing out to the House that the Cancer Registry Bill mentioned in paragraph one was not passed by the Legislature in this form. (See report of Legal Affairs Committee.)

THE HOUSE adopted the report of the Reference Committee.

CARDIAC DISEASE CONTROL COMMITTEE

S. E. Chapin, M.D., *Chairman*

At its only meeting of the past year, on May 13, 1964, the Committee on Cardiac Disease Control discussed the "Purposes" of the Committee and advises that they be changed to read as follows:

"The Committee shall establish communication with all organizations and agencies who develop information on heart disease for the enlightenment of the medical profession and public. It shall assist in the distribution of these materials, and it shall advise these organizations and agencies on timely approaches to various aspects of heart disease control."

In other actions, the Committee reviewed the six-point program of the Michigan Heart Association in relation to rheumatic fever control, approving the encouragement of the use of "rapid fluorescent antibody detection of Streptococcus," the establishment of a statewide rheumatic fever registry to assist bicillin distribution, and the support of the Michigan Crippled Children Commission's diagnostic clinics. The Committee encouraged the MHA to hire a physician to administer a statewide program in rheumatic fever control.

Arrangements for the printing and distribution of an updated set of rheumatic fever cards to members of the Society were completed. This will start on November 1. Similiar desk reference cards on stroke diagnosis, treatment and rehabilitation will be handled in a similar manner.

The limited distribution of the locations of de-fibrillators to interested parties was approved. This project is being undertaken by the Michigan Hospital Association.

A survey of Michigan's county medical societies on two matters was completed with the following results:

1. There are few areas where rheumatic fever clinics are needed or desired.
2. Most societies did not feel that the inclusion of congenital heart disease diagnosis in a clinic of this type was desirable.
3. Many societies requested speakers and programs on specific aspects of heart disease, and these were all filled.
4. Twelve county societies have conformed with 1963 MSMS House of Delegates Resolution, re: "Instruction in External Cardiac Massage" by implementing such programs; 8 other societies have formed committees; 11 societies have future plans.
5. It was learned, via the survey, that wide implementation of the method of resuscitation has been accomplished in many areas by various hospitals, the MHA program and county society committees.

The Committee further suggested that the MSMS Committee on Postgraduate Medical Education develop panel discussions on:

1. Stroke rehabilitation.
2. Preventive aspects of coronary artery disease.
3. Hypertension.

In the future, the Committee contemplates further communication and liaison with other agencies and organizations interested in cardiac disease control.

THE REFERENCE COMMITTEE on Reports of Standing Committees, H. W. Harris, M.D., Chairman, recommended approval of the annual report with the following minor changes in wording for clarification:

In the third paragraph, the Reference Committee substituted "Michigan Heart Association" for the letters MHA, to avoid confusion.

Paragraph five, re de-fibrillators, was replaced by a substitute paragraph: "The Michigan Heart Association should prepare and distribute a list of the locations of available defibrillators to all interested parties."

THE HOUSE adopted the report of the Reference Committee.

COMMITTEE ON CHILD WELFARE

R. H. Trimby, M.D., *Chairman*

The Committee on Child Welfare met on April 1, 1964.

1. *Liaison with Michigan Crippled Children Commission.*—R. G. Rice, M.D., Lansing, Medical Director of the Michigan Crippled Children Commission, was introduced and reported briefly on the activities and programs of the Michigan Crippled Children Commission.

Doctor Rice believes the Michigan Crippled Children Commission has the broadest scope of service of any crippled children agency across the country. The removal of tonsils, the cleft-palate program, legislative activity regarding rates to physicians and hospitals, the fate of MCCC under the new reorganization of State government, the aim of the MCCC to get more and more children over on their crippled children program, and the antagonism created when parents are not informed that doctors are not fully paid for the service rendered, were discussed. It was suggested to Doctor Rice that a letter be sent from the MCCC to all parents informing them of the doctor's contribution.

2. *Vaccine Study.*—Dean Myron E. Wegman, M.D., University of Michigan School of Public Health, reports that a new program of investigation is under way to determine the over-all percentage of immunization protection in Michigan.

3. *Training Course for Camp Health Directors.*—A training course, similar to the pattern established in 1963, will be conducted in the summer of 1964.

4. *Conferences on School Health Problems.*—The need for such conferences, and the difficulties involved in holding these meetings, was thoroughly reviewed by the Committee. John M. Dorsey, Jr., M.D., a member of the Committee, said he would be willing to try in his county (Oakland) a pilot program to attempt to gain better communication with local people on school health problems. After a trial period, Doctor Dorsey will report back to the Committee on the effectiveness of his campaign.

5. *Guthrie Test.*—The Committee went on record recommending that the Guthrie Test be done routinely in all hospitals in Michigan.

6. *Tetracycline.*—The Committee recommended that physicians be made aware of the fact, that during the formative period of growth of teeth (birth to age eight), extreme caution should be taken in the use of Tetracycline because both the deciduous and permanent teeth can develop a yellow stain which is permanent.

7. *Subcommittee on School Health Problems.*—This Committee reviewed the matter of high school wrestling and weight control and postponed definite recommendations until a meeting could be held with the Michigan High School Athletic Association's Executive Board.

Other matters to be taken under consideration by this Committee are: (a) the adequacy of Michigan activity in prevention of blindness programs in schools; (b) the preschool hearing and vision testing; (c) the extent of testing in children between the ages of 10 to 14 years; and (d) the all-too-general feeling that removal of tonsils solves all hearing problems.

8. *Subcommittee on Ophthalmology.*—The Committee held two meetings, on August 21, 1963 and on June 10, 1964.

The program of vision screening of children of junior high school age, the pre-school vision-hearing program, the color screening program, and plans for expansion of screening programs in all schools were reviewed with representatives of the Michigan Department of Health. The Committee is happy to report that the School Screening Program in Michigan is growing, more children are being cared for, more people are being acquainted with the program, some 200 technicians who have been trained by Michigan Department of Health vision consultants are testing the vision of preschool and school age children under the supervision of the Department's vision consultants. Due to increased MCH funds appropriated by Congress, another consultant will be added to the staff of the Michigan Department of Health. The Committee wishes to express its thanks and appreciation to Goldie B. Corneliuson, M.D., Mr. Edmund Radke, Mr. Richard Murley, and Mr. Kenneth Mehr, of the Michigan Department of Health, for their work and cooperation with the Michigan State Medical Society.

On June 10, 1964, the Committee met with R. G. Rice, M.D., Medical Director of the Michigan Crippled Children Commission, and reviewed the Commission's reports on the Prevention of Blindness Program. A motion was adopted by the Committee that the Prevention of Blindness Program of the Michigan Crippled Children Commission is meeting a need and should be continued.

Two of the Committee's members, appointed as liaison to the Michigan Crippled Children Commission, will work with Doctor Rice on the matter of fee schedule and the simplification of their various reporting forms.

In reviewing a Michigan Department of Health chart showing the number of pre-school children screened in Michigan and the percent of children referred in schools selected by socio-economic area, the Committee adopted the following motion: "That the Committee on Ophthalmology recommends that the University of Michigan School of Public Health conduct a research project on the high incidence of children who fail vision tests in the culturally deprived areas of metropolitan Detroit."

THE REFERENCE COMMITTEE on Reports of Standing Committees, H. W. Harris, M.D., Chairman, recommended approval of Sections 1 through 4.

The Reference Committee recommended the following substitute Section 5: "The Committee approves the principle of testing for phenylketonuria, but recommends routine testing by hospitals be postponed pending further information as to the time of the appearance of a positive test."

The Reference Committee recommended approval of Sections 6 and 7, and the approval of Section 8 with the deletion of the last paragraph of this section.

THE HOUSE adopted the report of the Reference Committee.

COMMITTEE ON DIABETES

W. M. LeFevre, M.D., *Chairman*

During the year, the Committee held two meetings, the first on October 2, 1963 and the second on February 26, 1964.

1. *1963 Detection Program.*—A joint letter from Frank S. Perkin, M.D., Medical Director of the Michigan Diabetes Detection Program, and William M. LeFevre, M.D., Chairman, Diabetes Committee of the Michigan State Medical Society, was mailed to every member of the Michigan State Medical Society prior to the 1963 Diabetes Week (November 17-23). The letter supplied information and pamphlets of value to the individual doctor and asked for his cooperation and help in checking diabetes.

2. *Proposed Study on Standardizing of Blood Sugar Testing Techniques.*—A proposed study was thoroughly reviewed by members of the Committee and various recommendations were made to The Council of the Michigan State Medical Society. The Council disapproved the Committee's recommendations because the study would involve medical scientific practice standards, and as a matter of principle, the

Michigan State Medical Society does not establish such standards.

3. *Policy of the Michigan Department of Health in Diabetes Detection.*—The following statement was presented to the Committee by John A. Cowan, M.D., Director of the Division of Adult Health, Michigan Department of Health:

> ". . . the Michigan State Health Department is interested in the program which will see that all previously undetected cases of diabetes are brought to light and referred to their personal practicing physician for diagnosis and any indicated treatment. We believe that our purpose is to assist in detecting these individuals and seeing that they get a medical diagnosis and treatment by their own physician. Our policy is to assist in these detection activities but it is not our job to do either diagnosis or treatment."

4. *Relationship with Osteopathic Physicians in Hospitals.*—The Committee's recommendation that a final determination on the matter of associating ethically with osteopaths would have to be made, not by the Michigan Diabetes Association, but individually by each county medical society, was referred by The Council of the Michigan State Medical Society to the MSMS Committee on Medicine and Osteopathy.

Your Committee has worked in close cooperation with the Michigan Diabetes Detection Program of which MSMS is a sponsor. This program has resulted in 350,000 people being tested for diabetes in the past five years, 4,000 of whom were found to be previously undiscovered diabetics. This number amounts to 20% of all the detection done in the nation—done by a state that represents only 5% of the national population.

Your Committee recommends that MSMS and its component county societies continue to sponsor this Detection Program.

THE REFERENCE COMMITTEE on Reports of Standing Committees, H. W. Harris, M.D., Chairman, recommended approval of this annual report.

THE HOUSE adopted the report of the Reference Committee.

COMMITTEE ON ETHICS

H. W. Porter, M.D., *Chairman* (deceased)

No meeting of the Ethics Committee was necessary during the committee year. Questions and advice regarding interpretation of ethics were handled by the Chairman through correspondence.

The Committee sorrowfully reports the death of Horace W. Porter, M.D., Chairman of this Committee for ten years. Doctor Porter had a deep and abiding interest in preserving the high ethical standing of the medical profession, and generously devoted his time and knowledge to this Committee and to the Michigan State Medical Society.

THE REFERENCE COMMITTEE on Reports of Standing Committees, H. W. Harris, M.D., Chairman, recommended acceptance of the annual report with tribute to the late H. W. Porter, M.D., the Committee's long-time chairman.

THE HOUSE adopted the report of the Reference Committee.

GERIATRICS COMMITTEE

A. Hazen Price, M.D., *Chairman*

The Geriatrics Committee held three meetings during the past year—one in Lansing and two in Ann Arbor. Each time a majority of the members were present with good discussion on a variety of subjects presented.

Considerable interest was manifest in the AMA and Nursing Home Association's effort to develop a program for Nursing Homes Accreditation. Reports were presented from the AMA on the national scene with good acceptance of the plan in most areas. An effort was made by various county committees on aging to interest Michigan nursing homes in the program with good reports from several areas. Michigan has more homes accredited than any other state, up until this time.

The State Commission on Aging was given a mandate by Governor Romney to develop a 10-year program for the aging in Michigan. Several members of our Committee participated in the Health Task Force's report to the Governor at a July 1 meeting in Ann Arbor. This is a very comprehensive report and contained many worthwhile recommendations. Doctor Getting, of our Committee, was responsible for formulating the many parts of the report.

During the Michigan Clinical Institute last March, the Committee developed a public forum program, "When Our Parents Get Old." Doctor Steincrohn, the *Detroit Free Press* medical columnist, was the principal speaker. Doctor Rom, of our Committee, was the moderator with two other members participating on the panel. An audience of 300 persons was present and many entered into the question-and-answer period. This was generally felt to be a very worthwhile public relations effort.

This next year several members of our Committee plan articles for submission to the Michigan State Society Journal. In addition, it is hoped we may participate in the state postgraduate program of the two schools of medicine in our State.

THE REFERENCE COMMITTEE on Reports of Standing Committees, H. W. Harris, M.D., chairman, recommended approval of this annual report.

THE HOUSE adopted the report of the Reference Committee.

COMMITTEE ON HIGHWAY ACCIDENT PREVENTION

John R. Rodger, M.D., *Chairman*

There were two meetings of the full committee and one meeting of a subcommittee during the past year. Discussion of mutual problems was held with representatives from the Driver Licensing Division of the Secretary of State's office, and from the Michigan Safety Commission.

Medical standards were drawn up for suggested changes in Michigan's chemical tests for intoxication legislation, and some of these were incorporated in the legislation passed by the Legislature. The two changes of most interest to the medical profession were: first, that breath tests are now legal, and these can be made by a trained police officer, thus relieving the individual doctor from having to take them, and second, where a blood test is still necessary or the facilities for breath tests are not available, a trained nurse or lab technician may do so on the order of a doctor. Until this change it was necessary for the nurse or technician to do so under the personal supervision of a physician. Now a phoned order is all that is necessary.

A joint meeting was held of the Committee on Highway Accident Prevention and the Committee on Alcoholism and Drug Addiction to explore possible changes in the law in the treatment of the chronic alcoholic who is also a traffic offender. As a result of this meeting, subcommittees of both committees met with representatives of the state Bar Association. A fruitful conference was held, but as yet no definite proposals have been arrived at.

Two members of the Committee attended and took an active part in the AMA regional workshop on driver licensing held at Urbana, Illinois, in November. One member presented a paper on "Your Patient Who Should Not Drive" in the postgraduate course on therapeutics given at the University of Michigan Medical Center in the spring, which paper has been accepted for publication in the University of Michigan Medical Center Journal.

The Chairman of the Committee was appointed in the summer to the Governor's Special Committee on Traffic Safety, representing MSMS.

The members of the Committee were active in matters of traffic safety in their own county medical societies and local communities. Numerous safety problems were discussed in the meeting of the Committee on which no official action was taken.

THE REFERENCE COMMITTEE on Reports of Standing Committees, H. W. Harris, M.D., Chairman, recommended approval of the report.

THE HOUSE adopted the report of the Reference Committee.

COMMITTEE ON IODIZED SALT

B. E. Brush, M.D., *Chairman*

A meeting of our Iodized Salt Committee was held on Tuesday, March 24, in Ann Arbor, and plans were made for the coming year. Our Committee is very enthused about the numerous projects which we have planned for some time and which now seem to be in the final stages of accomplishment.

We are working in several areas among which are: An up-to-date survey of the proportion of iodized salt to non-iodized salt sold in stores in Michigan, a movie showing the problems with endemic goiter in Michigan, and plans to reach the various health agencies with our message.

We are now working more closely with the Salt Producers Association and have awakened renewed interest on their part to aid in this important project.

The results of the school surveys, done under the direction of Dr. J. K. Altland, will soon be released. We feel that the results will give an important stimulus to our work. Dr. Altland, of the State Health Department, continues his important support of our projects.

Our Committee is hoping to have all of its evidence in a presentable manner by this fall and then to declare a "Goiter Prevention Week" in order to call attention to the importance of endemic goiter.

THE REFERENCE COMMITTEE on Reports of Standing Committees, H. W. Harris, M.D., Chairman, recommended approval of this annual report.

THE HOUSE adopted the report of the Reference Committee.

LEGAL AFFAIRS COMMITTEE

Otto K. Engelke, M.D., *Chairman*

The Legal Affairs Committee acknowledges with appreciation the outstanding support which the Committee has received from the members of the Society, thus making possible the completion of a highly successful legislative program during 1964. Many delegations from county medical societies visited with their lawmakers at the MSMS headquarters office and on several occasions the membership-at-large rendered invaluable assistance to the Committee. In addition, several individual physicians sacrificed of their time and gave of their knowledge in testifying before House and Senate committees of the Legislature.

The Legal Affairs Committee also acknowledges with thanks the thoughtful deliberations of the State Legislature regarding matters pertaining to health, and is cognizant of the deep interest of both that body and the Executive branch of state government that no action be taken which would be detrimental to the health care of the people of Michigan. Government officials gave courteous consideration to the viewpoints of MSMS.

While issues like apportionment captured the headlines, the Michigan lawmakers wrestled with nearly 100 bills of direct interest to medicine, and passed the four bills which stood at the top of the MSMS priority list for 1964. Particularly significant actions of the 1964 Michigan Legislature include:

Two bills, passed May 3 and effective July 1, 1964, will eliminate the old top fee and thus the fee schedule and codes of the Michigan Crippled Children Commission. Physicians and surgeons will henceforth be paid 80 per cent of the Michigan Uniform Fee Schedule for Governmental Welfare Agencies, 1959 revision.

The Crippled Children Commission in the future will use the Uniform Fee Schedule and its codes. Physicians should therefore bill according to the Uniform Fee Schedule code and its dollar amount listed—the Commission will reimburse at 80 per cent of that amount.

Top fees thus rise from a former $90.00 to $240.00 representing the first substantial improvement in the schedule since 1947 and culminating a four-year project by MSMS.

Applicants for the MAA program may now earn up to $1,900 per year single (was $1,500), and up to $2,700 per year if married and living together (was $2,500) and still qualify for benefits. This substantial improvement to the Medical Assistance to the Aged program is estimated to make over 11,000 additional medically indigent persons eligible for aid.

MSMS has long urged raising the income limits, and feels that Michigan's implementation of the Kerr-Mills federal law has been definitely strengthened.

The Old Age Assistance program for elderly persons who are hospitalized or in convalescent homes has been greatly improved. Cash grants to such persons have formerly been fixed at not to exceed $90.00 per month. These grants have now been increased to up to $140.00 per month.

Major legislation enacted as requested by MSMS includes a bill to permit "pooling" of risks by health insurance companies; "battered child" legislation incorporating desired immunity from liability for physicians; expansion of allowable tests for intoxication as endorsed by MSMS; a law requiring prescription for purchase of paregoric but permitting telephone prescribing; and a law protecting the confidential nature of data submitted to the Health Commissioner for research purposes.

The 96 major health-related proposals before this session of the State Legislature may be classified into several categories of priority. Several bills were introduced relating to the same subject—in which case MSMS sought passage of the best proposal; many proposals introduced were opposed as not in the best health interests of the people; some bills were introduced which MSMS supported as supplementary to its own legislative program.

The following legislative proposals were considered by MSMS to not be in the best health interests of the public and were successfully opposed:

A redefinition (and major expansion of practice privilege) of chiropractic;

A bill which would have eliminated the right of medical staffs to determine practice privileges in hospitals;

A bill which would have eliminated the right of the medical advisory committee in certain hospitals to recommend professional standards to its lay board;

A bill which would have eliminated the "ability to pay" clause from the 1963 Community Mental Health Services Act;

A bill which would have required all health and accident insurance carriers to pay chiropractors for any services "legally" rendered under the chiropractic license law;

A bill to require a plebiscite before fluoridation of water supplies; and many others, including a proposal to require a lay majority of the Blue Shield Board; to permit psychologists to practice psychotherapy; to create a cancer quackery advisory committee to the State Health Commissioner with a chiropractic advisor member; a number of unsatisfactory versions of chemical test, paregoric prescription, and "battered child" bills; undesirable amendments to the Workmen's Compensation Act; and a bill to license and regulate the practice of hypnosis.

The State Legislature added nurses to coverage under the 1963 "Good Samaritan" Law, although MSMS testified that this was not a necessary action, there being no legal "nurse-patient" relationship similar to the doctor-patient relationship. The Legislature also passed one amendment to the Workmen's Compensation Law which, under certain conditions, would make heart and lung diseases compensable. Two proposals were introduced and the one which passed was preferred by MSMS.

A proposal introduced for purposes of reorganization of state government into twenty "principal departments" was introduced, passed the State Senate, but failed to pass the House of Representatives. This proposal, as it passed the Senate, would not have provided for a board or commission to head the new and expanding Department of Health, as requested by the Michigan State Medical Society.

The State Legislature, under the new constitution, has next session (1965) to complete this task. If it fails to do so, the Governor has authority to act during the following year. MSMS will continue to closely follow developments in this vitally important area.

No legislation inimical to the best health interests of the people of Michigan has been passed.

Much desirable legislation, endorsed and sought by MSMS, has been enacted into law.

Much undesirable legislation has been rejected by a thoughtful Legislature, which has given MSMS every opportunity to express its views.

Some bills, sought by MSMS, failed this year:

Repeal of the 1937 Basic Science Act; despite a joint statement of support for repeal issued by MSMS and the Michigan Association of Osteopathic Physicians and Surgeons, a suitable vehicle could not be found to legally accomplish this during the present session. Definite progress was made toward acceptance of repeal.

Declaring that the transfusion of blood is the performance of a service rather than the sale of a product; some progress made toward establishment of this principle.

The Legal Affairs Committee acknowledges with appreciation the work of the Legislative Agent and the MSMS staff during this complex session.

THE REFERENCE COMMITTEE on Legislation and Public Relations, D. N. Sweeny, Jr., M.D., Chairman, recommended approval of this report and thanked the Committee for its tireless energies and commended it and the members individually for this enduring patience.

THE HOUSE adopted the report of the Reference Committee.

COMMITTEE ON MATERNAL HEALTH

W. W. Jack, M.D., *Chairman*

The Maternal Health Committee held three meetings during the past year which were extremely well attended by Committee members. The Committee has developed copy for two additional Desk Reference Cards, one on the use of Oxytocics, the other on Minimum Standards of Prenatal Care.

On May 14-15, the third Maternal and Perinatal Welfare Conference was held at Gull Lake, Michigan, with a record attendance of 92 persons. During the year, an offer of financial support for this annual conference was received from the Clara Elizabeth Fund of Flint, Michigan, and the 1965 conference is already being planned and will be held in Flint.

In cooperation with the Michigan Department of Health, the Regional Evaluating Committees are continuing their review of maternal deaths and much important data is being collected. Efforts are being directed toward the development of an effective means of studying perinatal deaths as a means of evaluating maternal and newborn care for Michigan mothers and their infants. In addition, the Michigan Department of Health has received support from the federal government for a program of considerable size in the Detroit metropolitan area that will aid in prenatal and postnatal care, as well as hospitalization in specific instances, with regard to patients in an area that has had an exceptionally high incidence of mortality.

The members of the Committee wish to thank the House of Delegates and the membership of the Michigan State Medical Society for support of the maternal health educational programs.

THE REFERENCE COMMITTEE on Reports of Standing Committees, H. W. Harris, M.D., Chairman, recommended approval of this annual report.

THE HOUSE adopted the report of the Reference Committee.

COMMITTEE ON MEDICAL SOCIO-ECONOMICS

H. F. Falls, M.D., *Chairman*

The 1963 House of Delegates approved the recommendation of the Reference Committee on Reports of Standing Committees, which asked that The Council review the results of the Kalamazoo and Michigan Hospital Service Studies of Medical Care in physicians' offices. This matter was later assigned to the Committee on Medical Socio-Economics by The Council. These two studies received individual study and analysis by each committee member. The results of these individual efforts were consolidated when the committee met as follows:

Kalamazoo Study.—It was the consensus of the Committee that, in fact, only a small portion of this study concerned itself with the quality of care in physicians' offices, and this was limited to attitudes and opinions. The Committee agreed, however, that the study revealed many opinions of doctors, nurses and the public re aspects of medical care in Kalamazoo, which would be of great interest to organized medicine in Michigan. The Committee recommended the following which were approved by The Council:

(a) Recommended that revised copies of the Kalamazoo Study be reproduced and distributed to The Council, House of Delegates and other leaders of the Michigan State Medical Society.

(b) Recommended that Chairman Falls appoint a special study group, which after consulting with the Commission on Professional and Hospital Activities, and others, would ascertain the feasibility of developing a program to evaluate the quality of non-hospital medical practice.

This special study group was appointed and based upon its thorough investigation, the Committee has recommended to The Council that even though such a study is feasible, the estimated minimum cost of such a project ($75,000 to $100,000) would not be justified by the value received. The committee will, however, continue to watch with interest similar studies, which are being carried on in Utah and California, and will report on any significant findings.

Michigan Hospital Service Studies.—These studies describe the home-care project of the Michigan Hospital Service and the Detroit Visiting Nurse Association. The Committee recommended the following which were approved by The Council:

(a) Endorsement of the expansion of similar programs into additional communities throughout the state.

(b) Recommended that doctors must be alerted to the economic advantages of home care and also the importance of using ancillary personnel to the best advantage, thereby insuring the best quality of medical care with maximum efficiency. As a result of this recommendation, an article, "Bringing the Hospital Home," by Committee member, Sidney E. Chapin, M.D., was written for the July, 1964, issue of *Michigan Medicine.* The Committee congratulates Dr. Chapin for his fine work.

Chairman Falls has been appointed by The Council as MSMS Advisor to the Governor's Action Committee on Health Care. This committee, appointed by Governor Romney, is a result of one of the recommendations of the former Governor's Commission on Prepaid Hospital and Medical Care Plans. Recognizing the tremendous amount of work involved in this assignment, your Socio-Economics Committee expresses appreciation to Dr. Falls for his efforts on behalf of MSMS.

The MSMS Department of Medical Socio-Economics, staffed by Richard M. Campau, Research Director, and Clyde T. Hardwick, Ph.D., Economic Consultant, has had a busy and productive year. The Department continuously filled requests for data by MSMS Councilors, Officers, Committee Chairmen, and others. The department was also engaged in special activities, which are highlighted below:

Consultation with MSMS Headquarters.—Dr. Hardwick, at the request of The Council, consulted with the new MSMS Executive Director and Associate Executive Director in the formulation of the new MSMS Headquarters reorganizational plan.

MSMS Testimony before the House Ways and Means Committee.—The Department assisted in the drafting of the MSMS presentation to the Ways and Means Committee of the U. S. House of Representatives, which was presented by Otto K. Engelke, M.D., Chairman of the MSMS Committee on Legal Affairs, regarding the proposed King-Anderson Bill. The Department also provided extensive backup material to aid in the presentation.

MSMS Legislative Matters.—The Department worked continuously with the MSMS Committee on Legal Affairs and the MSMS legislative agent to provide original and factual research which would assist MSMS in its testimonies, both oral and written, presented to various committees of the State Legislature and other state agencies. We congratulate the MSMS Committee on Legal Affairs for its many legislative accomplishments during the year and we are pleased that the Economic Department had an important supportive role.

Profile of Medical Doctors of Michigan.—The Department, in close cooperation with the Circulation and Records Department of the American Medical Association, completed a basic research project, which makes available for the first time selective characteristic data on all doctors of medicine in Michigan.

From this data it is possible to ascertain the following information on each doctor in Michigan—name, address, sex, year of birth, information on medical education, first year of licensure in Michigan, medical specialty, American Specialty Board Certification, whether or not in private practice, AMA, state and county medical society membership.

Statistical summaries for a variety of purposes, heretofore unattainable, can be gleaned from this basic research project, such as the specialty distribution of MSMS members, which was recently prepared for the Committee on Professional Insurance Plans.

Economic Workshop.—The Department held its 5th Economic Workshop with one in Gaylord that included doctors from both the 9th and 10th Councilor Districts. This activity afforded those participating an opportunity to share viewpoints on many of the vital socio-economic issues which face the private practice of medicine. Future Workshops are contemplated for the areas of Detroit, Ann Arbor, and Grand Rapids, completing this project.

Improvement of Kerr-Mills Operation in Wayne County.—The Department performed original research for a special committee of the Wayne County Medical Society chaired by Wyman C. C. Cole, Sr., M.D. This committee's efforts brought about changes in the operation of Kerr-Mills which will enable more patients to receive care, under the Michigan Medical Assistance to the Aged program, from their personal physician.

Economic Section of the MSMS Journal.—The Department collaborated with the Managing Editor of the MSMS Journal to alert MSMS membership to important developments in the medical socio-economic field. Many original articles were supplied by the Department.

Additional Committees Assigned to the Department.—The Council approved the appointment of Mr. Campau as staff assistant to the following additional committees: Committee on Medicare, Committee on Professional Insurance Plans, Committee on Rehabilitation, Committee on Relative Value Study, and the Committee on Uniform Fee Schedule for Governmental Welfare Agencies.

Besides rendering necessary secretarial and clerical assistance, the department was able to provide its full resources and facilities in assisting these committees in their important work. An example of this is the questionnaire being used by the Committee on Rehabilitation in its Survey of Medical Facilities in Michigan for the Physically Impaired.

THE REFERENCE COMMITTEE on Reports of Special Committees, B. E. Brush, M.D., Chairman, recommended approval of this report with commendation to the committee and the recommendation that more consideration be given to long-term medical socio-economic trends which can be used to draft future policies of MSMS.

THE HOUSE adopted the report of the Reference Committee.

COMMITTEE ON MENTAL HEALTH

BENJAMIN JEFFRIES, M.D., *Chairman*

In one of its most active years, the MSMS Mental Health Committee has met seven times since the 1963 meeting of the House of Delegates. During this past year, while great emphasis has been placed upon mental health programs by both the U. S. Congress and the Michigan Legislature, MSMS has exercised leadership and shown initiative by conducting one of the most successful State Mental Health Congresses on Mental Illness and Health, by authorizing publication of an authoritative bulletin by its own Mental Health Information Center (A.I.D.), and by preparing to participate in the second National Congress on Mental Illness and Health to be conducted by the American Medical Association in November, 1964.

The Committee, during the past year, has intensively reviewed every piece of mental health legislation brought before the 1964 Legislature and made its recommendations through the MSMS Legal Affairs Committee to The Council. The Committee's Chairman, who serves as a gubernatorial appointee to the State Mental Health Advisory Council, attended the AMA's 10th Annual Conference of State Mental Health Representatives in Chicago in mid-February and based upon this conference the Committee developed its plans for the Michigan Congress on Mental Illness and Health.

During late June, in Detroit, over 300 mental health leaders from the laity and the professions gathered to hear four outstanding addresses and to participate in 13 discussion groups as MSMS conducted one of the most successful statewide mental health meetings yet held in the United States. A full transcript of this meeting is under preparation and has been requested by persons active in mental health activities all over Michigan. The Congress, designed to encourage medical leadership in mental health matters, was one of Michigan's outstanding 1964 medical meetings.

In 1963, the State Legislature passed a new law known as the Community Mental Health Services Act and since passage of this statute, voluminous administrative rules have been developed for its implementation. The Committee, in concert with the MSMS Legal Affairs Committee, has been instrumental in influencing the development of these rules under which this important program will operate. Fourteen Michigan counties are now commencing to implement this new program which emphasizes local prevention and treatment of mental illness as opposed to the institutional approach. The Community Mental Health Services Act promises to be one of the most significant pieces of medical legislation in many years, and the MSMS Mental Health Committee continues to keep abreast of each phase of its development.

During the past year, Committee members made an exhaustive and scholarly analysis of the organization of state governments throughout the nation, to determine what recommendations should be made to The Council of MSMS regarding the reorganization required by Michigan's new Constitution. After reviewing a lengthy analysis, it was recommended that the Michigan Mental Health Department be maintained as a separate principal department of state government and not co-mingled with any other state agency. The Council has expressed MSMS position to the effect that in a reorganized state government the mental health, public health, and health institutions functions should be grouped in a single agency with the mental health function not under, but parallel to, the public health function.

Developing its own Mental Health Information services so that both lay and professional groups will turn to medicine for authoritative information regarding mental health, the Committee obtained Council approval to publish a new MSMS bulletin called A.I.D. (Advice-Information-Data). The first issue of this publication, sent to lay and professional leaders on mental health programs in the communities of Michigan, contained sixteen pages of helpful information.

The Committee also cooperated with the State Department of Mental Health in making available to all physicians of Michigan an excellent booklet entitled "Mental Retardation: A Family Crisis—The Therapeutic Role of the Physician." It has been working toward the development of proper psychiatric service fees for incorporation in the Uniform Fee Schedule for Governmental Welfare Agencies, as this document is revised.

The stated purpose of the MSMS Committee on Mental Health is to study mental health and mental illness in Michigan and make recommendations to increase the awareness and understanding of this broad health problem by both the medical profession and interested segments of the public. The Committee, to carry out this charge, serves in a liaison capacity with national mental health efforts, especially those of the American Medical Association.

To accomplish these stated responsibilities the President of MSMS has appointed a 25-member committee, all of whom have distinguished themselves in their fields of specialization. Represented on the committee are the special backgrounds of private practice, the major state mental health institutions, past and present mental health administrations, and mental health education.

This MSMS Committee, plus selected official representatives of the Michigan State Medical Society Council, official Michigan Government, designated representatives of the lay Michigan Society for Mental Health, Inc., and the professional Michigan Society of Psychiatry and Neurology, will represent the state of Michigan in early November, 1964, at the second National Congress on Mental Illness and Health. Insights and knowledge gleaned from this meeting will be put to use continuing to provide the necessary medical leadership in rapidly expanding mental programs in Michigan.

THE REFERENCE COMMITTEE on Reports of Standing Committees, H. W. Harris, M.D., Chairman, recommended approval of this annual report with special recognition for a great deal of work on a difficult problem.

THE HOUSE adopted the report of the Reference Committee.

ADVISORY COMMITTEE TO THE MICHIGAN STATE MEDICAL ASSISTANTS SOCIETY

G. E. Millard, M.D., *Chairman*

This Committee held one formal meeting on March 12 following the attendance of the formal board meeting of the State Medical Assistants Society.

The educational system was discussed and it was decided to continue as the organization has been. They are making progress.

The officers of the State Medical Assistants Society, the undersigned, Dean Valade of the Highland Park Junior College, a representative of the Michigan State Vocational Rehabilitation Office; Mr. Gordon Hanna, a representative of MESA, and several others have set up a pilot program which is to be taught at Highland Park Junior College for the employable unemployed. This will be financed in great part by the federal government. At this moment, we do not know or cannot predict the future of this type of education.

Through the efforts of the State Medical Society, the Medical Assistants Society and many others the bill to regulate nursing has been modified so as not to interfere with the employment of medical assistants by the physician.

The Medical Assistants Society will very shortly have a space allocated for its use in the State Medical Society headquarters.

I wish to thank the members of this Committee for their great interest in the promotion of this most worthy medical organization.

THE REFERENCE COMMITTEE on Reports of Standing Committees, H. W. Harris, M.D., Chairman, recommended approval of this report, further recommending that MSMS members encourage their employees to become members of the Medical Assistants Society.

THE HOUSE adopted the report of the Reference Committee.

OCCUPATIONAL HEALTH COMMITTEE

E. A. Irvin, M.D., *Chairman*

During the past year, two meetings of the Occupational Health Committee were held—September 10, 1963 and July 7, 1964.

A resolution on "Small Plant Medical Services" was presented to the House of Delegates of the Michigan State Medical Society with no action.

A resolution on a "Standard Disability Form" was presented to the House of Delegates of the Michigan State Medical Society with no action.

The Committee prepared a series of articles on Occupational Health which are now appearing in every second issue of *Michigan Medicine.*

The Committee is exploring the possibility of having a joint study group to establish a closer relationship between the Michigan State Dental Association and the Michigan State Medical Society in handling dental problems in employed groups.

A sub-committee has been appointed to study and make recommendations in regard to the detection of emotional disturbance in prospective employees.

A report on the legal status of non-professionals rendering first aid was presented to The Council of the Michigan State Medical Society with recommendations to have this distributed to the MSMS membership, employers, workmen's compensation insurance carriers, and members of the Michigan State Association of Industrial Nurses.

A report was presented to the Committee of currently available plans for prepaid dental care.

Dr. Joseph Schaefer was nominated to The Council by the Committee as a possible candidate for the President's Award on Employment of the Physically Handicapped.

THE REFERENCE COMMITTEE on Reports of Standing Committees, H. W. Harris, M.D., Chairman, recommended deletion of paragraph five and paragraph eight, because they were foreign to the purpose of the Committee, and approval of the annual report as amended.

THE HOUSE adopted the report of the Reference Committee.

ADVISORY COMMITTEE OF PAST PRESIDENTS

C. I. Owen, M.D., *Chairman*

This committee met September 26, 1963, with an attendance of 11. Louis J. Hirschman, M.D., was named Honorary Chairman and C. I. Owen, M.D., Acting Chairman.

The passing of Milton A. Darling, M.D., and Wilfrid Haughey, M.D., was recognized.

The Health Fair and Centennial of 1965 were discussed and recommendations calling for participation by many M.D.s (up to 500) as demonstrators at the Health Fair were made.

The Committee recommended to The Council that a more formal induction ceremony of Presidents in the future be given serious consideration.

THE REFERENCE COMMITTEE on Reports of Standing Committee, H. W. Harris, M.D., Chairman, recommended approval of this report.

THE HOUSE adopted the report of the Reference Committee.

POSTGRADUATE MEDICAL EDUCATION COMMITTEE

John M. Sheldon, M.D., *Chairman*

The Committee on Postgraduate Medical Education met on July 18, 1963, January 16, 1964, and August 6, 1964, and reviewed the postgraduate program. The reports from postgraduate center chairmen, as well as other physicians, have been presented to the Committee. Much of the deliberation of the Committee has centered around the response in the various centers to the program, including comments and suggestions received about the type of presentation, number of programs, and subject material desired.

The Committee feels that the 1963-64 postgraduate program has been a satisfactory one. Great effort has been made to offer subjects of primary interest to the physicians in the centers, and to obtain outstanding speakers whenever possible. The Committee seeks constantly for suggestions of subjects that the centers would like to have presented. In order to increase the scope of the presentations, lists of subjects for the programs have been sent to the chairmen of the meetings. The desire for panel type discussions has been expressed by many physicians and such type of programs have been implemented in several instances.

A representative for your chairman has visited personally many physicians in their offices in the State in an attempt to learn their wishes for the improvement and expansion of the program. The information obtained promises to be most helpful in future planning for the location of centers, hours of meeting, type of presentation, subject material, etc.

The subjects presented, attendance, and speakers on the Fall and Spring program were as follows:

Centers	*1963 Fall*	*1964 Spring*	*Different Doctors at the 2 Sessions*
Alpena	20	18	22
Battle Creek	61	37	82
Bay City	....	32	32
Cadillac	....	23	23
Grayling	15	14	19
Grosse Pointe	73	....	73
Jackson	56	47	68
Lansing	83	29	89
Midland	33	61	68
Muskegon	63	63	86
Niles	42	27	54
Petoskey	17	22	32
Port Huron	....	29	29
Traverse City	46	....	46
Upper Peninsula			
Escanaba	16	16	20
Houghton-Calumet	11	13	20
Iron Mountain	17	8	17
Ironwood	9	11	13
Marquette	....	32	32
Menominee	27	23	28
Sault Ste. Marie	19	16	24
	608	521	787

During the year, the following subjects were presented on this program:

Fall

Acute Abdomen in Children
Blood Dyscrasias
Carcinoma in Situ of the Female Genital Region
Common Errors and Misconceptions in the Use of Parenteral Fluids
Common Obstetrical Problems
Common Urological Problems
Coronary Heart Disease
Diabetes
Hereditary Diseases of Childhood and Errors of Inborn Metabolism
Muscular Weakness Syndromes
Neurology
Ophthalmic Problems of Interest to all Physicians
Staphylococcus Infections
The Legal Implications of Mysterious Deaths and Injuries
The Medical and Surgical Management of Cerebro-Vascular Accidents

Spring

Carcinoma in Situ of the Cervix in the Pregnant and Nonpregnant Female
Current Concepts of Pulmonary Disease
Dialysis in Renal Disease
Diseases of the Major Salivary Glands
Hirsutism in the Female
Modern Trends in Immunization
Muscular Weakness Syndromes
Office Proctology
Recent Advances in Cardiology
Shock
The Acute Abdomen
The Medical and Surgical Management of Diseases of the Pancreas
The Role of the Community Hospital in Postgraduate Medical Education
Treatment of Staphylococcus Infection

Physicians who participated in the program were: Drs. David G. Anderson, Samuel J. Behrman, Bernard A. Bercu, Ernest M. Berkas, Robert E. L. Berry, Richard J. Bing, Robert J. Bolt, Joseph C. Cerny, William W. Coon, Arthur C. Curtis, Marion S. DeWeese, David G. Dickinson, Harold F. Falls, F. Bruce Fralick, Andrew A. Freier, A. James French, William J. Fry, John Gilroy, E. Richard Harrell, Robert C. Hendrix, Joseph W. Hess, William N. Hubbard, Richard C. Juberg, Richard O. Kraft, A. Martin Learner, Ralph R. Margulis, Richard S. McCaughey, Barbara A. Mella, Raymond W. Monto, George W. Morley, Reed M. Nesbit, Gerald A. O'Connor, Lawrence Power, William D. Robinson, John M. Sheldon, Norman W. Thompson, Harry A. Towsley, A. Burgess Vial, James L. Wilson, William S. Wilson, Walter P. Work, George D. Zuidema, Andrew J. Zweifler.

Intramural Courses at the University of Michigan	*Attendance*
Allergy	27
Anatomy	22
Basic Sciences and their Clinical Correlations	220
Cardiac Resuscitation	22
Clinical Internal Medicine	63
Dermatology	71
Diseases of the Blood	17
Diseases of the Heart	42
Electrocardiographic Diagnosis	44
Electrocardiography and Heart Disease	71
Endocrinology and Metabolism	37
Infertility and Endocrinology	51
Interns and Residents	414
Neurology, Clinical	31
Nuclear Medicine	55
Obstetrics and Gynecology	77
Ophthalmology	129
Otorhinolaryngology	39
Pathology Slides, Surgical	10
Pediatrics	61
Physical Medicine	46
Physiology	18
Prothrombin Testing	19
Psychiatry	24
Pulmonary Diseases	29
Radioactive Isotopes, Clinical Use of	17
Radiology, Diagnostic	35
Rheumatology	20
Pediatric Neurology	49
Selected Clinical Topics	14
Therapeutics, Recent Advances in	74
Recent Advances in Basic Mechanisms of Internal Medicine	121
Merck, Sharp & Dohme Conference (Virus Disease)	419
	2388

The Committee is very appreciative of the services of the many physicians who have participated in this teaching program, and for the support and encouragement given the program by the Michigan Department of Health, the Wayne State University School of Medicine, and the University of Michigan Medical Center.

THE REFERENCE COMMITTEE on Reports of Standing Committees, H. W. Harris, M.D., Chairman, recommended approval of the annual report, calling the attention of the House to the great amount of time and effort devoted to this program by the physicians who participated in the program, members of the Committee, and especially Dr. John M. Sheldon, its long-time Chairman.

THE HOUSE adopted the report of the Reference Committee.

COMMITTEE ON PROFESSIONAL INSURANCE PLANS

M. D. MacQueen, M.D., *Chairman*

The Committee held meetings on October 17, 1963, October 30, 1963, January 15, 1964, and February 19, 1964.

Important Committee activities are highlighted below:

1. *Improvements in the MSMS Group Sickness and Accident Policy.*—The Committee was successful in gaining the following improvements for MSMS sickness and accident policyholders, effective November 15, 1963:

(A) Benefits for total disability resulting from accident were extended from five years to lifetime for disabilities commencing prior to age 66.

(B) Benefits for total disability resulting from sickness were extended from two years to five years for disabilities commencing prior to age 66.

(C) Weekly indemnity amounts were changed to monthly indemnity as follows: $50 weekly changed to $215 monthly; $75 weekly changed to $325 monthly.

(D) The Waiver of Premium provision was changed to cover entire period of continued disability even if this extends beyond the period of compensable disability.

(E) Air travel restrictions were eliminated except for accidental loss of life or members. These restrictions were also liberalized for accidental loss of life or members.

(F) Partial disability for sickness was liberalized. This was formerly only payable after payment of benefits for total disability from sickness for at least 30 days. This is now payable after period of total disability from sickness for seven days or more.

(G) New optional benefits are also available. Sickness disability benefits may be extended to those who are eligible from five years to age 65. Also monthly indemnity may be increased for those eligible to $400 or $500.

2. *Proposal of Major Medical Insurance for MSMS Members.*—As instructed by the House of Delegates and The Council, the Committee completed its study of the best possible major medical plan for MSMS members, which in the opinion of the Committee is in accordance with MSMS policy. A plan offered by Health Service Incorporated and Medical Indemnity of America, which is to be serviced by Michigan Medical Service, has been submitted to The Council for approval.

3. *Program of Business Overhead Expense Insurance for MSMS Members.*—The Committee has under active study several plans of business overhead expense insurance for MSMS members.

4. *Program of Professional Liability Insurance for MSMS Members.*—The Committee has under active study several plans of professional liability insurance for MSMS members.

5. *Travel and Accident Insurance for MSMS Officers and Staff.*—The Council has implemented such a program as previously recommended by the Committee.

6. *Liaison with the Michigan Chapter of the Health Insurance Council.*—As previously recommended by the House of Delegates, the Committee has continued its liaison with the Michigan Chapter of the Health Insurance Council. An annual meeting was held on February 19, 1964, and has continued the harmonious relationship between our two groups. A recommendation has been made to The Council that a portion of next year's Public Relations and County Secretaries' Seminar be reserved for the purpose of inviting representatives of the Health Insurance Council to discuss matters of mutual interest with secretaries and other leaders of the county medical societies.

THE REFERENCE COMMITTEE on Reports of Standing Committees, H. W. Harris, M.D., Chairman, recommended approval of this annual report.

THE HOUSE adopted the report of the Reference Committee.

PUBLIC HEALTH INTERIM COMMITTEE

O. D. Stryker, M.D., *Chairman*

The Interim Committee on Public Health was appointed by the President of MSMS to function during the year 1963-1964 as a temporary committee pending official action of the House of Delegates to implement the recommendations set forth in the 1962-1963 Annual Report of the Public Health Committee. Delegates will note that MSMS Bylaws amendments are now proposed by the Constitution and Bylaws Committee for adoption at the 1964 House of Delegates which will redefine the MSMS Public Health Committee.

The Interim Committee gave specific consideration to the implementation of Resolution No. 48 of the 1963 House of Delegates dealing with cigarette smoking. After participation by MSMS in a number of conferences relating to the hazards of smoking, particularly among youth, and after proposals had unsuccessfully been made by the Michigan Department of Health to the state legislature for funds to conduct educational programs in this regard, a joint project was undertaken by several voluntary health agencies, plus public health and education groups, to develop a Teaching Guide on Smoking and Health for use in the elementary and secondary schools of Michigan. The Society cooperated in this endeavor and proudly notes that H. J. VandenBerg, Jr., M.D., Chairman of the MSMS Committee on Cancer Control, is serving as Chairman of the new Interagency Council on Smoking and Health. This Council which functions within the structure of the Michigan Health Council, is undertaking programs which implement Resolution No. 48 of 1963.

In connection with smoking and health, the Committee recommended a policy adopted by The Council, MSMS, that "the medical profession take action to discourage cigarette smoking both by precept and example."

The Interim Public Health Committee also recommended MSMS Council approval, which was given, of an immunization policy developed by The Michigan Department of Health regarding oral polio vaccine and this was widely publicized to component county societies.

In the future, it is contemplated that the newly constituted Public Health Committee will be able to serve The Council and membership of MSMS by receiving and considering questions from the component county societies concerning public health, as well as reviewing specific programs which are being planned or undertaken by the Michigan Department of Health.

THE REFERENCE COMMITTEE on Hygiene and Public Health, E. C. Baumgarten, M.D., Chairman, recommended approval of the report, with encouragement to the Committee to continue its efforts to achieve the objectives set forth in the report.

THE HOUSE adopted the report of the Reference Committee.

PUBLIC RELATIONS COMMITTEE

R. W. Teed, M.D., *Chairman*

Under the direction of the Public Relations Committee, MSMS has conducted a comprehensive public informational program to demonstrate the concern of the physician for the public welfare, and to increase public understanding of the professional principles which govern the work of the practicing doctor of medicine.

The MSMS Public Relations Committee is constantly aware of the person-to-person aspects of good PR; and the Committee seeks also to take the leadership in interpreting MSMS service projects through all comunications media.

Obviously, MSMS public relations activities are diverse, varied, complex and not all carried out by the PR Committee. Good examples of these are the MSMS activities in such related fields of legislation, scientific work, postgraduate education, etc. However, the PR Committee constantly seeks to improve and interpret the PR aspects of such projects to the various publics that are involved. Doctors are anxious to be better understood by their patients, their para-medical associates, legislators, communication media personnel, educators, etc.

PR Leadership Training

Some of the work of the PR Committee each year is in the form of "PR Leadership Training." The skills and understandings of many physicians in this area must be enlarged and improved further. Some of the major efforts in the PR leadership field included the following:

1. *Annual County Secretaries Public Relations Seminar.*—This event was held in Lansing on February 27, 1964, and outdrew the attendance of any previous year. Vital topics were covered. F. J. L. Blasingame, M.D., AMA Executive Vice President, led the "faculty." The project was expanded with meetings the night before of the PR Committee, Legal Affairs Committee, County Medical Society Bulletin Editors and new County Society Secretaries.

2. *PR Articles in Michigan Medicine.*—Articles counseling and assisting doctors with PR matters are carried regularly in Michigan Medicine.

3. *Liaison with County Society PR Programs.*—Much of the PR leadership activities carried on between the MSMS Committee and local component societies are through members of the MSMS Committee and staff. Deliberately, the Committee is representative of many counties, to provide easy channels up and down for maximum cooperation.

4. *News Media Dinners.*—These dinners are typical of the many projects which are both PR leadership with county society leaders, and direct PR projects with selected audiences. As MSMS conducts these dinner meetings for media representatives, considerable joint planning is carried out with the county officers and county PR chairmen. The

follow-up activities provide further opportunity for close, cooperative action with the communications media.

PR Projects Designed for Special Audiences

All good public relations programs should be thoroughly planned, some with special-interest people, and others broadside at the general public—but each is deliberately planned and executed. Following are highlights of some of the MSMS special-audience public relations programs:

1. *News Media Dinners.*—See comments above under #4. These meetings will be continued.

2. *Liaison with Specific Groups.*—Although not the direct function of the PR Committee, valuable liaison is carried on throughout the year with several distinct publics. These include the leaders in state government, the pharmacists, the hospitals, the attorneys, educational institutions, etc.

3. *Inter-Professional Liaison.*—Perhaps one of the major accomplishments of MSMS in recent years has been the expansion of its effective relationships with the other professions. The Michigan Association of the Professions provides this unique relationship with the seven other professional groups in this movement. Through its publications, its annual Congress of the Professions, *et al,* MSMS members work hand-in-hand with the other professional men and women in programs of legislation, public relations, career recruitment, etc.

The establishment of the Michigan Health Council by MSMS and its continuing support provides many inter-professional liaison opportunities. Cooperative projects by the doctors of medicine with the other health professional people through the Health Council enables all of us to more effectively recruit health careerists, to stress the importance of preventive health measures, etc. A fine example of inter-professional liaison through the Michigan Health Council is the Placement Service, which effectively matches up communities which want doctors of medicine, doctors of dentistry, and doctors of veterinary medicine and the professional people who are seeking communities to practice in.

4. *"Medical Journal."*—This weekly radio series over WDTM-FM and several other FM stations in Michigan is a scientific educational program for doctors and para-medical personnel. Primarily a technical program offered by a group of physicians on the Wayne State College of Medicine faculty, it does have public relations aspects, and is a good example of the communications project with a clearly-defined target.

PR Projects Reaching the General Public

Although some of the above mentioned projects may be limited in scope, they did have some general public implications. Other projects were primarily developed to reach the public.

MSMS Annual Awards Luncheon.—This event was a highlight of the annual County Secretaries-Public Relations Seminar, February 27, 1964. MSMS presented a total of 35 awards to deserving recipients. The number may seem high, but is better understood when it is realized that the awards were for organizations and individuals in eight categories. Awards were given to distinguished Michigan physicians, to Michigan physicians serving national medical organizations as president, to legislators, to newspapers, radio and television organizations and individuals, and to Michigan civic workers. This year, six were given to foundations who have played major roles in the medical-health field in Michigan.

News Media.—News releases to all Michigan newspapers, radio, and TV stations were processed to report the work and policies of MSMS to the general public. In addition to the year-round work in this field, concentrated news work was carried out at the 1963 Annual Session in Grand Rapids and at the 1964 Michigan Clinical Institute in Detroit. (The News Media Dinners were covered previously in this report.)

Radio Audiences.—Through its Committee on Scientific Radio and Television, MSMS each year develops radio tapes with the University of Michigan on topics of general health. These are then aired weekly by 38 stations in Michigan, Canada and Ohio. The report of that Committee provides the details. Many people, especially in the Detroit metropolitan area, heard a physician discuss a health question on the daily "Health Call" segment over WWJ. This project is a cooperative effort of the Wayne County Medical Society and MSMS.

Television Audiences.—MSMS is proud of the two excellent weekly television programs produced by the Michigan Association of the Professions. The program, "Decision, The Moment of Truth" over WJBK-TV, Detroit, was shifted during the year to the prime time of 12:30 p.m. on Sundays. During the year, a second weekly series, entitled "Formula," was launched April 15 over WJIM-TV in Lansing at the popular time of 8:30 p.m. Wednesdays. Both of these programs have interpreted many health topics and have featured many doctors of medicine. By actual count, thirty-three physicians have participated in the informative programs over WJBK-TV and WJIM-TV. The public relations value of these programs is tremendous, when one realizes that each week the two programs reach a combined audience of more than 250,000.

Occasionally, MSMS has helped to develop a television program for some station on a health topic, and more often MSMS might help a television producer find a doctor for a feature presentation or a news interview.

Community Projects.—The major new project during the past year was the "Community Health Week" effort, conducted by AMA across the nation and by MSMS in considerable depth here in Michigan. Thanks to the excellent cooperation of the Michigan Health Council and the Michigan Association of the Professions, there were statewide public relations efforts such as news releases, television programming, a proclamation by Governor Romney, etc., and much local work by county medical societies. Perhaps the most common local activity was the presentation of career programs at the school or hospital.

Motion Pictures.—Progress was made toward the preparation of a special film planned for use in connection with the MSMS Centennial observance. The distribution of films for use at school programs, noon luncheon clubs, PTA meetings, etc., continues with more than 25 different films available from AMA and other sources through the MSMS Public Relations Library Service.

Speakers.—Speakers were provided almost every week for schools, colleges, service clubs, ancillary groups, ladies' organizations, etc., to discuss a variety of medical subjects. Once again, there was a growing interest in medical speakers on socio-economic subjects. MSMS officers, staff members and committee chairmen have been generous with their time—and dedicated efforts are carried on at the local level by the component county medical societies, the woman's auxiliary, the medical assistants society, and other ancillary groups.

Pamphlets and Publications.—No accurate estimate is available of the thousands and thousands of pieces of literature on a wide range of subjects distributed to the public through the determined efforts of physicians. Many doctors get some of these materials direct from the AMA and each day requests are filled by MSMS for booklets and folders about arthritis, quackery, health insurance, etc. For example, in August, MSMS distributed more than 340,000 pamphlets about cancer alone. Much attention was focused on literature related to the Kerr-Mills and King-Anderson subjects. The MSMS booklet, "Planning Your Career as a Medical Associate," continued to be one of the most widely-requested pieces for use in schools and youth groups.

"Operation Hometown."—This program may be covered also in the report of the MSMS Legal Affairs Committee—and rightly so. Although designed to help the county medical societies and the MSMS in its campaign to resist socialized medical legislation, the program also has served to project the doctor as an active, concerned community worker and civic leader.

In closing, the Committee again wishes to stress the importance that every individual doctor and every medical organization continue "to do good and to tell people about it." Good public relations must be earned and maintained.

MSMS continues to be on the alert to develop meaningful programs and to assist component medical societies and individual doctors with techniques and materials.

THE REFERENCE COMMITTEE on Legislation and Public Relations, D. N. Sweeny, M.D., Chairman, reported: "The activities of this Committee are diverse, complex, and time-consuming. The importance of person-to-person interpretation of our activities cannot be over-emphasized. This Committee is charged with making doctors better understood by their patients, associates, paramedical personnel, legislators, newsmen and educators. We commend this Committee for its activities on our behalf and recommend approval of the report.

THE HOUSE adopted the report of the Reference Committee.

COMMITTEE ON RURAL MEDICAL SERVICE

R. E. Rice, M.D., *Chairman*

The Committee on Rural Medical Service met at MSMS headquarters on June 11, 1964.

John Doherty of the Michigan Health Council displayed an advertisement that appeared in the "New Physician," a Student American Medical Association publication. Over fifty inquiries were received from all over the nation. This advertisement is currently being run in the Michigan Health Council publication. The committee was favorably impressed by the potential of the advertisement and recommended that the MSMS cooperate with the Michigan Health Council in placing an advertisement in the "New Physician" at intervals during 1964-65. This recommendation is now being considered by the Finance Committee of The Council.

The committee chairman reviewed the highlights of a report to The Council of his attendance at the National Conference on Rural Health at Columbus, Ohio, in March, 1964. This was an outstanding conference dealing with the many problems that are involved with the shift of population from the cities to the suburban areas. The cooperation of the medical profession along with many other interested and well-informed lay groups is necessary in working toward a solution of these problems.

Community Health Week, which will occur in October, was discussed by the Committee. The format of this year's Community Health Week will be similar to last year's but enlarged upon to include open house in hospitals and rehabilitation centers and more emphasis on careers in all phases of therapy. The Committee adopted a motion to cooperate fully in promoting Community Health Week.

Dr. R. W. Spalding from Allegan presented a resolution as follows:

Whereas, there are not sufficient physicians to replace the general practitioner and,

Whereas, specialists will not replace the need for general practitioner services and,

Whereas, medical students have little or no contact with G.P.'s and,

Whereas, the community hospital plays an important role in the decision for location of practice, therefore, be it

RESOLVED, that this committee recommend the following actions: (1) That preceptorships be established in community hospitals where the practice of the generalist could be observed firsthand; (2) That draft deferment be offered to recent graduates who are willing to locate in rural communities in urgent need of medical care; (3) That study be given to the promotion of better, active consultation services in rural community hospitals, where necessary, by representatives of the specialties.

Committee comment indicated a general agreement meriting attention of The Council. It was suggested that medical school approval was needed as well as analysis and advice by John M. Sheldon, M.D., H. A. Towsley, M.D., and others. A request for staff research on what other states are doing along these lines and also to ascertain the M.D. draft deferment information was suggested.

A fall meeting of the committee is planned relative to its participation in Community Health Week.

The chairman wishes to express his thanks to the members of the committee for their participation in this year's work.

THE REFERENCE COMMITTEE on Reports of Standing Committees, H. W. Harris, M.D., Chairman, recommended approval of this report, and recommended that the Committee be empowered to further explore the recommendations embodied in the Resolved portion of the resolution contained in the annual report.

THE HOUSE adopted the report of the Reference Committee.

COMMITTEE ON SCIENTIFIC RADIO AND TELEVISION

G. H. Lowrey, M.D., *Chairman*

The Scientific Radio and Television Committee held its annual meeting on June 26, 1964.

We are pleased to report that in 1963-1964, the WUOM Scientific Program, "Prescription for Health," was offered to subscriber stations on a 52-week basis. Twenty-nine stations elected to carry the weekly program on a year-round basis. Six additional stations broadcast the program on a nine-month basis (September to June). Emphasis is being placed on panel-type programs (as opposed to single-speaker type programs.)

The decision to discontinue distribution of the program in printed form was implemented without objection from any source.

Last year's decision to supplement the regular 15-minute program with a series of 5-minute taped broadcasts was not implemented, but a determination has been made this year to appoint a member of this Committee as project coordinator for the abbreviated program. It is anticipated that work on the 5-minute programs will begin in early fall, following final review and approval, by The Council of MSMS, of program plans.

The Committee re-emphasized its previous decision to include appropriate non-scientific material as subject matter for both the 15- and the 5-minute series.

It was the consensus of Committee members that participation in these programs not be limited to physicians in the Ann Arbor area, but that any qualified physician, willing to travel to Ann Arbor for a recording session, should be considered.

Stations Subscribing to "Prescription for Health"

WOWE-AM	Allegan
WLEW-AM	Bad Axe
WELL-AM	Battle Creek
WATT-AM	Cadillac
WCAR-AM	Detroit
WJBK-AM	Detroit
WKAR-AM	East Lansing
WMRP-AM	Flint
WTAC-AM	Flint
WGRD-AM	Grand Rapids
WJEF-AM	Grand Rapids
WLAV-AM	Grand Rapids
WHMI-AM	Howell
WKZO-AM	Kalamazoo
WMRT-AM	Lansing
WMTE-AM	Manistee
WAGN-AM	Menominee
WDMC-AM	Otsego
WOAP-AM	Owosso
WMBN-AM	Petoskey
WHLS-AM	Port Huron
WHAK-AM	Rogers City
WMIC-AM	St. Helen
WSJM-AM	St. Joseph
WIOS-AM	Tawas City
WABX-FM	Detroit
WLDM-FM	Detroit
WQRS-FM	Detroit
WKLW-FM	Grand Rapids

THE REFERENCE COMMITTEE on Reports of Standing Committees, H. W. Harris, M.D., Chairman, recommended approval of the report and further recommended that the Committee explore the possibility and cost of video-taping these live programs so that they may be reproduced for component societies not served by the live programs.

THE HOUSE adopted the report of the Reference Committee.

COMMITTEE ON VENEREAL DISEASE CONTROL

R. L. Mainwaring, M.D., *Chairman*

The Committee met on June 16, 1964, and reviewed annual reports, minutes, and MSMS House of Delegates' actions regarding venereal disease, since 1960.

The following information was reviewed and is hereby submitted for the information of the 1964 MSMS House of Delegates:

1. The Michigan Department of Health Laboratory has continued the use of VDRL and has made it a permanent policy to use this test.

2. The records of the Michigan Rapid Treatment Center have been abstracted onto file cards which are permanently available at the office of the Director of Adult Health and TB of the Michigan State Health Department.

3. The Committee recognized the need for physician education in venereal disease and it was reported that some work along this line is being done in Detroit. However, there is still no formal venereal disease program at the Wayne State University School of Medicine.

4. The Chair reported that a letter had been sent to the U. S. Public Health Service on January 4, 1962 stating that the Michigan State Medical Society urges the U. S. Public Health Service to reconsider its abandonment of screening surveys and requests that it consider supplying funds to the various states for this purpose. The letter was answered by Wm. J. Brown, M.D., Chief, Venereal Disease Branch of the Department of Health, Education, and Welfare on February 2, 1962, enclosing a copy of the Task Force Report on Syphilis Control in the United States which report summarizes the priorities to be followed by the USPHS. In brief, the letter advocated that all laboratories doing serologic tests for syphilis report positive tests to the local health department.

5. The Michigan Hospital Association had been contacted on January 4, 1962, urging that Association to reinstitute its requirement for a routine admission STS by hospitals for accreditation. Subsequently, the Committee adopted a motion that the MSMS Council recommend that the Michigan Department of Health take steps to insure that serological tests for syphilis be done on all hospital admissions. This recommendation of the Committee was disapproved by The Council, MSMS in July of this year, with the recommendation that more information be supplied to justify the action requested and some provision made for deviation. The Committee will follow through on The Council recommendation.

6. It was reported that cases of primary and secondary syphilis were on the increase throughout the world. It was felt that perhaps some reason for this might be the lack of interest in this disease and the decreased use of penicillin in treatment of other diseases.

7. It was also reported that the Attorney General of the State of Michigan had recently ruled that a public health officer, acting in his capacity as public health officer, can diagnose and treat a minor for venereal disease, or suspected venereal disease, without consent of the parent, and this does not constitute assault.

8. It was reported that regulations were now in effect in Michigan regarding the reporting of positive serology tests and that they are working. However, there is still opposition to reporting a test as implying the diagnosis of a disease; the pathologists feel there is a violation of their relationship with other physicians; that there is a reasonable area for stigmatization of a person inasmuch as papers and records are not always kept confidential and destroyed; and. that the pathologists in Michigan feel such reporting should be done but in a different way.

The Committee adopted a motion to take no action.

Under the heading of "new business," the Committee reviewed and placed on its agenda for future discussion and action:

1. A possible recommendation to the Michigan Delegates to the American Medical Association that a resolution be introduced into the AMA House of Delegates, advocating that all State Medical Societies establish active committees on venereal disease control. The Committee will ascertain if this action is necessary.

2. The Committee is studying the recommended schedule for the treatment of syphilis, gonorrhea, chancroid, lymphogranuloma, venereum and granuloma inguinale, as recommended by the Michigan Department of Health.

3. The Committee will obtain up-to-date information on the advisability of recommending that the Michigan Department of Health take steps to insure that serological tests for syphilis be done on all hospital admissions.

THE REFERENCE COMMITTEE on Reports of Standing Committees recommended approval of this report.

THE HOUSE adopted the report of the Reference Committee.

ADVISORY COMMITTEE TO WOMAN'S AUXILIARY

O. B. McGillicuddy, M.D., *Chairman*

This committee had no formal meetings but on occasion members of the Committee have given advice and encouragement.

The Auxiliary officers have served splendidly and these officers and the working members are hereby congratulated.

THE REFERENCE COMMITTEE on Reports of Standing Committees, H. W. Harris, M.D., Chairman, recommended approval of this report.

THE HOUSE adopted the report of the Reference Committee.

The following committees did not meet this year and therefore do not have Annual Reports:

Blood Banks Committee
Tuberculosis Control Committee

17. Reports of House of Delegates Committees

JOINT COMMITTEE ON MEDICINE AND OSTEOPATHY

John J. Coury, M.D., *Chairman*

1. The Committee of the House of Delegates to study Osteopathy and the Liaison Committee of The Council felt that the committees should be combined for efficiency purposes, and this was done.

2. In March, 1964, this Joint Committee and members of The Council met with the AMA Committee on Medicine and Osteopathy. Much worthwhile information was derived from this meeting for your Committee's future deliberations.

3. The Joint Committee made every effort to implement the 1963 House of Delegates recommendation: "That the MSMS affirm a policy of professional respect and cooperation with the Michigan Association of Osteopathic Physicians and Surgeons, in those areas of common responsibility and common interest where such cooperation can be of benefit to the people of Michigan."

In carrying out this recommendation, the MSMS Committee was hindered by two developments: (1) The litigation in the Peoples Community Hospitals in the downriver area, and (2) difficulty in carrying out liaison while litigation is in progress.

4. The MSMS Joint Committee on Medicine and Osteopathy reviewed the minutes of the meetings of the MSMS House of Delegates Committee to Study Relationship Between Doctors of Medicine and Osteopathy and some of its proposed recommendations to the 1964 House of Delegates.

5. The Joint Committee has reviewed the established policies of the MSMS House of Delegates and from these has derived the following statement which reviews and clarifies MSMS policy: "That it shall not be considered unethical for members of the MSMS to associate professionally and on a voluntary basis with Doctors of Osteopathy who base their practice on the same scientific and ethical principles as Doctors of Medicine.

"That it shall be considered ethical for osteopathic physicians to be admitted to a hospital staff providing:

(a) The component medical society approves.

(b) Doctors of Osteopathy apply on an individual basis and meet the same requirements as Doctors of Medicine for admission, and if accepted, adhere to the rules and regulations of that hospital staff and of the Joint Commission on Accreditation for Hospitals.

(c) The hospital staff is integrated (not dual or separate) in accordance with the policy laid down by the Joint Commission."

6. The Joint Committee on Medicine and Osteopathy submits the following three proposed recommendations for the consideration of the House of Delegates:

(a) That MSMS continue to work toward the ultimate goal of establishing in Michigan a single Medical Practice Act.

(b) That MSMS approve of individual osteopaths being invited to attend MSMS postgraduate educational activities, invitations to be extended to those osteopaths meeting the criteria previously adopted by the House.

(c) That component societies be encouraged to invite local practicing osteopaths to attend educational activities at the local and regional level.

7. That consideration be given to the following additional proposals, which have been discussed by the MSMS Committee:

(a) That the Michigan State Board of Registration in Medicine be asked to review its decision of denying license to former osteopaths who have been licensed as M.D.s by the State of California.

(b) That the MSMS Committee be authorized to explore all avenues of action which might lead to a plan enabling osteopaths to obtain M.D. licensure in Michigan.

(c) That this Joint Committee be continued in 1965 and the members of the Joint Committee be from the House of Delegates, The Council, and members-at-large—to be appointed by the President. It is also recommnded that the function of the Liaison Committee be assumed by the Joint Committee on Medicine and Osteopathy.

The MSMS Committee recognized that the establishment of such programs would involve many difficulties and would be a long-range project. However, the Committee believed that it is very important that a step be taken in this direction.

THE REFERENCE COMMITTEE on Reports of Special Committees, B. E. Brush, M.D., Chairman, reported its recommendations to the House in Executive Session. The Reference Committee recommended approval of Items 1 through 6 of the Annual Report.

THE HOUSE adopted this portion of the Reference Committee Report.

On Item 7, the Reference Committee recommended approval.

The House did not adopt this portion of the report, but amended 7-b as follows: "7-b. That the MSMS Committee be authorized to explore all avenues of action which might lead to a plan enabling osteopaths licensed to practice in Michigan as of July 1, 1964, to obtain M.D. licensure in Michigan."

The House adopted the report as a whole, as amended, with commendation to the Joint Committee on Medicine and Osteopathy.

CENTENNIAL ADVISORY COMMITTEE

L. F. Hayes, M.D., *Chairman*

This House of Delegates committee was charged with making a study and recommendations on how best the House of Delegates might observe the 100th Annual Session of the Michigan State Medical Society in 1965.

The Committee considered the possibility of calling a special session of the House of Delegates to observe the Centennial. It was felt that expenditure of extra funds for this purpose was not warranted. It was also felt that since the House is the legislative body of MSMS, its primary concern is the conduct of its business. Therefore, within the structure of its regular agenda, the following observances are recommended:

(1) during the first meeting of the House on Sunday evening, addresses by three outstanding religious leaders (Protestant, Jewish, and Roman Catholic);

(2) during the second meeting of the House on Monday morning, an address by a national medical figure, possibly a medical educator;

(3) on Monday evening, a special dinner honoring past Speakers of the House; and

(4) on Tuesday noon, concurrent with the meeting of Michigan Medical Service, an address by a nationally recognized expert in the socio-economic sphere.

In connection with the Tuesday noon observance, and because the creation of Michigan Medical Service itself was one of the outstanding historical events in a century of Michigan medicine, the Michigan Medical Service is encouraged to include in its corporate meeting reflection upon the history of Michigan medicine.

The Committee also recommends that a special badge be issued to all those attending the Centennial Meeting of the House of Delegates, and that any special speakers who address the House in connection with the Centennial observance receive either a commemorative plaque or medal.

Finally, the Committee recommends that an advisory committee be continued to coordinate the House of Delegates with the MSMS Council's Centennial Committee.

THE REFERENCE COMMITTEE on Special Committees, Brock E. Brush, M.D., Chairman, recognized the important function of this centennial year, and hoped the Centennial Advisory Committee would continue its excellent efforts to make this an outstanding year in Michigan medicine. The Reference Committee hoped that all recommendations in the annual report will be developed and enlarged so that a maximum observance of this historical year will be celebrated.

THE HOUSE adopted the report of the Reference Committee.

COMMITTEE ON EMERGENCY CARE IN HOSPITALS

J. R. Pedden, M.D., *Chairman*

The Committee on Emergency Care in Hospitals held its first meeting on May 8, 1964, at MSMS headquarters, Lansing, Michigan. Present were: Don Marshall, M.D., Kalamazoo; R. M. Stow, M.D., East Lansing; John R. Pedden, M.D., Grand Rapids; Ralph T. Wills, of the MSMS staff.

The committee reviewed and discussed the 1963 report of the Ad Hoc Committee on Emergency Care in Hospitals. This report was considered to be an excellent and informative foundation for further recommendations. We commend the preceding committees for their contributions to this continuing study. The committee's recommendations are:

1. That organized medicine recognize and anticipate changing needs of the public relative to medical care in the emergency room. That the public needs vary widely from the small rural areas to the large metropolitan areas. That it is desirable that each area should devise appropriate means within the wide areas of guidance established by the MSMS to meet this problem. That the MSMS incorporate principles of the official recommendations from the AMA as summarized on Pages 31 to 34, of the AMA report, "Report on Physician-Hospital Relations, June 1964." That MSMS recognize the gradual evolution of function of the emergency room in our hospitals, whereby the emergency department has now become an initial source of medical care and refuge for people during times of acute illness when they are unable to obtain medical advice and help from their private physician, and that MSMS urge constituent county society members to meet this challenge to provide improved and enlarged emergency room care under the guidance and control of private medicine by utilizing one of several methods to be suggested.

2. That MSMS accept the premise that it is impracticable to originate regulatory rules generally applicable to all areas

and communities to prevent abuse and over-utilization of emergency departments. Therefore, patients applying at the emergency department of hospitals for help should receive necessary INITIAL medical assistance. Emergency cases must of course be cared for, and all others must be at least screened. Patients sent to the emergency room for the convenience of a referring physician, and patients appearing in order to utilize insurance or gain some economic advantage, should be sent to a private physician whenever possible. Efforts to regulate this situation should be attempted by education of the physicians, education of the public, economic pressure on the patient by charging higher fees for this type of service or encouraging a deductible insurance coverage. The committee recognizes the current trend of great pressure being exerted by non-medical groups to make medical care and hospital insurance a fringe benefit, and that deductible insurance will be actively resisted. The committee recommends that the public be educated to realize that the demand for medical care at unusual hours can only be justified when it is a true emergency and that even then, the use of the emergency department of the hospitals would be more expensive for them than to be seen by their private physician. We urge recognition that the problem of over-utilization is one of the most serious problems confronting the emergency department. Because of the practical difficulty in adequate staffing of the emergency departments in many hospitals, we suggest that physicians in all areas of this state be prepared to solve this problem by one of the following general measures:

(A) Service provided by intern and resident staff under supervision of private hospital staff members.
(B) Voluntary assigned rotation of hospital staff members.
(C) Lansing Plan, whereby provision in the emergency department of initial care only is supplied by private practicing physicians who limit themselves to this field only, are always readily available and charge for their services by fee for service.
(D) House staff members who are paid additional salaries for service rendered in the emergency department on off hours.

The committee further suggests that each local hospital situation be solved individually.

3. The committee recommends that any service rendered by a licensed practicing physician in the emergency room of a hospital should be on a fee-for-service basis in compliance with the principles of the Michigan State Medical Society, that hospitals be discouraged from providing salaried medical personnel to render emergency care service and that physicians maintain the responsibility for administering care in the emergency department.

4. That physicians continue to recognize that the care in the emergency department is one of the most sensitive areas of public relations between the physician, hospital and public.

THE REFERENCE COMMITTEE on Emergency Medical Service, J. C. Danforth, M.D., Chaiman, reviewed the annual report of the House of Delegates Committee on Emergency Care in Hospitals. It commended the Committee for a precise and thoughtful report on a subject that demands the serious consideration of every member of the Michigan State Medical Society with the following comments and recommendation.

"They have emphasized the evolution of the emergency room in its struggle to meet the changing needs of the public. The growth of its function has been paralleled by problems of its efficiency that vary from rural to metropolitan service. With the general recognition of available facilities it has gradually emerged as a haven for initial care when other sources become unavailable. The responsibility for this rests squarely on the shoulders of the practicing physician, who must realize that a breach in availability will unquestionably nurture the hospital emergency room practice of medicine.

"Inasmuch as these facilities are already in widespread use for non-emergent problems, a method of screening must be found to manage those who present themselves as a convenience to a referring or unavailable physician, those who would avail themselves of insurance utilization, those who have established no relationship with a private physician. It is recommended that the public be educated as to the true purpose of the function of an emergency room, and that services rendered are usually of greater cost than in the office of the private physician.

"Four suggestions of staffing are proposed. Basically all provide the direct supervision of a licensed physician who would function on a fee-for-service principle.

"It is emphasized that this area of care is one of the most sensitive in public relations between the patient, the physican, and hospital.

"The Reference Committee had the benefit of the commentary of many interested guests. It was emphasized that a basic definition of emergency care be established, as well as a criteria of what constitutes an adequate emergency facility. It appears impractical for every hospital institution to provide the means of definitive treatment to all types of emergency states. Due to costs involving equipment and personnel, the prospect of regional facilities divided into categories was discussed. Available aid ranging from critical to non-critical problems could be designated and made known to all police, fire and ambulance personnel.

"It is recommended by this Reference Committee that the present House of Delegates Committee continue in its study and evaluate the practicality of establishing a State Commission comprised of knowledgeable physicians, for the purpose of designating standards for a uniform pattern of facilities throughout the State."

THE HOUSE adopted the report of the Reference Committee.

COMMITTEE TO STUDY PROCEDURE OF HOUSE OF DELEGATES

H. A. Furlong, M.D., *Chairman*

This Committee was appointed by the Speaker of the House of Delegates pursuant to the passage of Resolution No. 75 by the 1963 House of Delegates. It met in East Lansing on May 27, 1964 to consider ways and means of operating the House more effectively and, after careful study, made certain recommendations to the Speaker so that he might implement those he deemed worthy.

Speaker Lightbody relayed the Committee's recommendations to the appropriate officers of Michigan Medical Service and they agreed to condense the MMS Corporation meeting so that the MSMS House of Delegates would have additional time available for its deliberations.

The Committee also initiated a request that resolutions be handled more expeditiously and for the greater advantage of all of the Delegates by their submission prior to the convening of the House, with introduction at the first session of the House. The method of introduction of resolutions was also hopefully improved.

A complete schedule of order of business for the 1964 House of Delegates was developed by the Committee for the consideration of the Speaker and the assistance of the MSMS staff in preparing the Delegates' Notebook, including the recommendation for installation of the President of MSMS during the State Society Dinner Dance, in keeping with recommendations from the Committee of Past Presidents for improving this ceremony.

Finally, the Committee recommends to the House of Delegates that, through appropriate action, it authorize the Speaker to create a similar Committee to function between the 1964 and 1965 sessions of the House to continue to seek improvements in House procedure.

THE REFERENCE COMMITTEE on Miscellaneous Business, F. H. Power, M.D., Chairman, noted the Annual Report contained many suggestions for simplifying and expediting the work of the House of Delegates. The Study Committee was commended and the Reference Committee recommended approval of the report.

THE HOUSE adopted the report of the Reference Committee.

AD HOC COMMITTEE TO STUDY SECTION REPRESENTATION IN THE HOUSE OF DELEGATES

H. F. Falls, M.D., *Chairman*

This Committee was created by the Speaker of the House to implement Resolution No. 62 of the 1963 House of Delegates, for the purpose of studying in depth the structure of the Sections of the Michigan State Medical Society and to make recommendations with respect to election of delegates to represent MSMS Sections.

The Committee was also referred Resolution No. 4 of 1963, regarding change of name of a present MSMS Section.

The Committee conducted two meetings during the year and authorized its Chairman to circularize all major specialty organizations in the State of Michigan on two occasions to solicit their views with respect to whether they felt that their Sections were presently properly constituted, whether they would support a Section of MSMS if they did not presently have one, and whether they desired to elect a delegate to the MSMS House of Delegates purely on the basis of Section representation.

Further, the Committee obtained information from the State of New York, where the medical society is presently unique among those in the nation in that it has Section representation as does the American Medical Association.

A heavy response was obtained to both the Committee's questionnaires to the specialty organizations, and in excess of eighty per cent of those responding were in favor of Section representation. It was apparent from the responses that there can be anticipated formal requests in 1964 to the House of Delegates for the creation of two or three new Sections, and it is apparent that one or two of the existing Sections feel that they should be subdivided.

The Committee feels after careful study, in order that the State Society and the specialty organizations may mutually benefit from a more meaningful Section system by making possible an official and knowledgeable voice where problems affecting respective specialties face the House, and to create a greater unity and interest in MSMS within the framework of the Sections, that the following three specific recommendations are necessary:

1. The Committee recommends that steps be taken by the 1964 House of Delegates to amend the Constitution and Bylaws of MSMS to permit presently authorized and established Sections of MSMS to each elect one Delegate and one Alternate Delegate to serve for two-year terms, commencing with the 1965 session of the House;

2. The Committee recommends that any request from a specialty organization to establish or to change the composition of a Section of MSMS be directed to the House of Delegates from the specialty organization or Section through the usual channels for action under the provisions of Section 8 (h) of Chapter 9 of the MSMS Bylaws. The Committee further recommends that the House of Delegates authorize advising all specialty organizations and/or Sections of this methodology; and

3. The Committee, after thorough discussion of the present composition of the Michigan State Medical Society, concludes that Section 8 (h) of Chapter 9 of the MSMS Bylaws merits intensive study by the MSMS Committee on Constitution and Bylaws and recommends that the Constitution and Bylaws Committee be directed by the House to spell out in detail the criterion by which Section 8 (h) of Chapter 9 of the MSMS Bylaws will be implemented in the future. However, in connection with Resolution No. 4 of 1963, and to coincide with the Michigan Society of Psychiatry and Neurology, the Committee recommends that the House of Delegates now change the name of the present, "Nervous and Mental" Section to "Psychiatry and Neurology" Section.

The Committee, in making the foregoing three recommendations, has discharged its responsibility in connection with Resolution No. 62 of 1963 and requests that it be dissolved.

THE REFERENCE COMMITTEE on Constitution and Bylaws, C. J. Tupper, M.D., Chairman, recommended, with reference to recommendation No. 1 of the ad hoc Committee, that Chapter IX, Section 2 of the Bylaws be altered to read in line 2 as follows:

"The officers of this Society, the members of The Council, and one delegate from each authorized section shall be ex officio members of the House of Delegates," and so forth.

This is the section that has to do with delegates-at-large and ex officio members. It simply adds to that category a delegate from each authorized section.

In Chapter IX, Section 8 (h), at the end of the section, the second line at the top of page 12, following the word "officers," the period should be deleted and the words "and delegates-at-large" should be added.

In explanation, this action thus permits each established section to elect one delegate-at-large, who will have the right of the floor to speak but who will not have a vote.

The ad hoc Committee suggested in recommendation No. 2 an intensive study by the regular Committee on Constitution and Bylaws of Section 8 (h) of Chapter IX, and your Reference Committee agreed that this should be done, and recommends approval by the House.

As a third item, the ad hoc Committee recommended that the House change the name of the present Nervous and Mental Section to the Psychiatry and Neurology Section. Your Reference Committee approves this recommendation and suggests that you endorse it.

THE HOUSE adopted the report of the Reference Committee at its next meeting, after it had been laid over according to the Bylaws.

STANDING COMMITTEE ON CONSTITUTION AND BYLAWS

H. M. Golden, M.D., *Chairman*

The Committee met in the MSMS Headquarters on June 19, 1964 and after careful deliberation recommends the following actions to the 1964 MSMS House of Delegates:

(1) that the House amend Section 1, Article 8 of the MSMS Constitution to add the words "non-resident members" after the words "retired members." (This amendment, as required by the Constitution, has been laid over since the 1963 session of the House);

(2) that the House amend the Bylaws of MSMS, Section 4, Chapter 5, to insert the phrase, following the comma which follows the word "Society" in line 5, "or if such component county society exacts no dues." This will enable the State Society to reduce dues to physicians during their first year of practice if their county society exacts no dues;

(3) that the House amend the Bylaws of MSMS, Section 10, Chapter 9, after the period which follows the word "District" in line 8 thereof, to insert "If, by reason of death or resignation, a vacancy in the office of Councilor occurs at any time other than during an Annual Session, each component county society in the District in which such vacancy occurs shall be promptly notified in writing by the Secretary of the Society. Thereupon the seated Delegates of such Councilor District may caucus and if a majority of the seated delegates from such Councilor District shall submit a nomination to the Council to fill such vacancy, the Council shall appoint such nominee to serve as Councilor of such District until the House of Delegates, at its next Annual Session, shall have elected a successor to fill the unexpired term." Section 10 shall then proceed with the present final sentence thereof. This will enable the filling of a vacancy which might occur at a time other than during the Annual Session of the Society;

(4) that the House amend the Bylaws of MSMS, Section 4, Chapter 9, after the word "seat" in line 11, to add a comma and the words "for the duration of the emergency" and another comma. This will clarify what is meant by the term "emergency" in regard to the seating of Alternate Delegates;

(5) that the House amend Section 1, Chapter 11 of the Bylaws of MSMS to delete present sub-section (b) and substitute therefore a new sub-section (b) to read as follows: "(b) The Public Health Committee shall consist of a Chairman, the State Health Commissioner or his authorized representatives, public health officers, and members to be appoint-

ed by the President. The duties of this committee shall be to collect, analyze and distribute information on preventive medicine, and to advise medical and other groups or individuals concerning problems in preventive medicine and public health." Further, that the House amend the Bylaws of MSMS, Section 1, Chapter II, to add after new subsection (b) above a new sub-section (c) to read as follows: "(c) The following scientific committees, and such other committees as may, from time to time, be appointed to study and develop programs dealing with specific diseases, shall be Standing Committees of the Society and their scope, purposes and composition shall be determined by The Council:

Committee on Cardiac Disease Control
Committee on Maternal Health
Committee on Venereal Disease Control
Committee on Tuberculosis Control
Committee on Cancer Control
Committee on Occupational Medicine
Committee on Mental Health
Committee on Child Welfare
Committee on Geriatrics*
Committee on Rural Medical Service
Committee on Blood Banks
Committee on Highway Accident Prevention
Committee on Diabetes Control
Committee on Iodized Salt."

The Committee has also considered or received for consideration a number of other matters including the report of the Utilization Committee, which will be analyzed in the light of uniform judicature provisions presently under development by the American Medical Association for recommendation to constituant state societies, reports of the deliberations of the Ad Hoc Committee to Study Section Representation in the House of Delegates, and interim reports of studies concerning the alignment of county medical societies and councilor districts. These matters were accepted by the committee for information only, there being further information under development in connection with the first matter, and the second two being subjects outside of the specific jurisdiction of the committee.

THE REFERENCE COMMITTEE on Constitution and Bylaws, C. J. Tupper, M.D., chairman, reported the following recommendations on the Annual Report of the Standing Committee on Constitution and Bylaws:

Item 1: That the House amend Section 1, Article 8 of the Michigan State Medical Society Constitution to add the words "non-resident members" after the words "retired members." (This amendment, as required by the Constitution, has laid over since the 1963 Session of the House.)

The Reference Committee recommended approval of this amendment.

THE HOUSE adopted the report of the Reference Committee.

THE REFERENCE COMMITTEE continued its report as follows:

"Item 2: That the House amend the Bylaws of the Michigan State Medical Society, Chapter 5, Section 4, to insert the phrase, following the comma which follows the word "Society" in line 5, "or if such component county society exacts no dues." This will enable the State Society to reduce dues to physicians during their first year of practice if their county society exacts no dues.

"The Reference Committee recommends this change but recognizes that it must be held over to a following meeting.

"Item 3: That the House amend the Bylaws of the Michigan State Medical Society, Chapter 9, Section 10, after the period which follows the word "District" in line 8 thereof, to insert "If, by reason of death or resignation, a vacancy in the office of Councilor occurs at any time other than during an Annual Session, each component county society in the District in which such vacancy occurs shall be promptly notified in writing by the Secretary of the Society. Thereupon the seated delegates of such Councilor District may caucus, and if a majority of the seated delegates from such Councilor District shall submit a nomination to The Council to fill such vacancy The Council shall appoint such nominee to serve as Councilor of such District until the House of Delegates, at its next Annual Session, shall have elected a successor to fill the unexpired term."

"Section 10 shall then proceed with the present final sentence thereof. This will enable the filling of a vacancy which might occur at a time other than during the Annual Session of the Society.

"The existing Bylaws allow for the replacement of a Councilor only during the particular meeting we are attending now. If the Councilor is inconsiderate enough to leave us at any other time of the year, there is no mechanism to replace him. Therefore, the Reference Committee recommends this change but recognizes that it must lie over to a following meeting.

"Item 4: That the House amend the Bylaws of the Michigan State Medical Society, Chapter 9, Section 4, after the word 'seat' in line 11, to add a comma and the words 'for the duration of the emergency' and another comma. This will clarify what is meant by the term 'emergency' in regard to the seating of alternate delegates. It will in effect mean that if a regularly seated delegate is called away at the beginning of the session, and an alternate is seated in his place, upon return of the regularly seated delegate he may then resume his seat and the alternate goes back to the alternate status. The Reference Committee recommends this change but recognizes that it must lie over to a following meeting.

"Item 5: The Reference Committee added the stipulation that not less than 75 per cent of the Committee on Public Health is to be selected from physicians in private practice, in accord with substitute Resolution No. 28 of 1963, and changed the name of the Committee on Tuberculosis Control to the Committee on Respiratory Diseases.

"With this amendment, Item 5 now reads:

"'That the House amend Section 1, Chapter 11 of the Bylaws of the Michigan State Medical Society to delete present subsection (b) and substitute therefor a new subsection (b) to read as follows:

"'1 (b) The Public Health Committee shall consist of a Chairman, the State Health Commissioner or his authorized representatives, public health officers, and members to be appointed by the President. Not less than 75 per cent of the Committee is to be selected from physicians in private practice.

"'The duties of this Committee shall be to collect, analyze and distribute information on preventive medicine, and to advise medical and other groups or individuals concerning problems in preventive medicine and public health. Further, that the House amend the Bylaws of the Michigan State Medical Society, Section 1, Chapter 11, to add after new subsection (b) above, a new subsection (c) to read as follows: '(c) The following scientific committees, and such other committees as may from time to time be appointed to study and develop programs dealing with specific diseases, shall be Standing Committees of the Society, and their scope, purposes and composition shall be detemined by The Council.

Committee on Cardiac Disease Control
Committee on Maternal Health
Committee on Venereal Disease Control
Committee on Respiratory Diseases
Committee on Cancer Control
Committee on Occupational Medicine
Committee on Mental Health
Committee on Child Welfare
Committee on Aging
Committee on Rural Medical Service
Committee on Blood Banks
Committee on Highway Accident Prevention
Committee on Diabetes Control
Committee on Iodized Salt'"

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*New sub-section (c) above lists the "Committee on Geriatrics." The Committee on Constitution and Bylaws here recommends that the House amend the designation of this committee henceforth to be "Committee on Aging";

Finally, that present sub-section (c) of Section 1, Chapter 11 of the Bylaws which deals with the Committee on Public Relations be redesignated as sub-section (d), and all following sub-sections be redesignated appropriately.

Finally, that present subsection (c) of Section 1, Chapter 11 of the Bylaws which deals with the Committee on Public Relations be re-designated as subsection (d), and all following subsections be re-designated appropriately.

The Reference Committee recommends these changes, but recognizes that they must lie over to a following meeting.

THE HOUSE adopted, at a subsequent meeting of the House, the report of the Reference Committee, in accordance with the Bylaws.

RESOLUTIONS

RESOLUTION 1

To Establish Annual Recognition of Michigan's Outstanding Physician

Introduced by D. Bonta Hiscoe, M.D., and Henry E. Malcolm, M.D., Ingham

Whereas, recognition of a physician as Michigan's Foremost Family Physician was discontinued by the Michigan State Medical Society House of Delegates, and

Whereas, the public relations value of this recognition of one of its members has been diminished by discontinuing the honor, and

Whereas, the Distinguished Service Awards do not necessarily replace the recognition previously accorded Michigan's Foremost Family Physician, therefore be it

RESOLVED: That the Michigan State Medical Society House of Delegates reinstate an annual recognition of a member of the profession, who is not necessarily a family physician, nor one advanced in years, and that this form of recognition be known as Michigan's Outstanding Physician, and be it further

RESOLVED: That consideration be given to the physician's civic accomplishments as well as his professional accomplishments.

THE REFERENCE COMMITTEE on Reports of Special Committees, B. E. Brush, M.D., chairman, recommended approval of the resolution and that the Speaker annually appoint an ad hoc committee to make the selection from nominations submitted by component medical societies.

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 2

Area-wide Hospital Planning

Introduced by F. P. Rhoades, M.D., Wayne

Whereas, the Michigan State Medical Society recognizes the need for area-wide hospital planning; and

Whereas, the House of Delegates of the American Medical Association has already adopted the principle of physician participation and leadership in voluntary local hospital planning and vigorous opposition to the principle of compulsory area-wide hospital planning; therefore be it

RESOLVED, That the Michigan State Medical Society House of Delegates declares its support of voluntary area-wide hospital planning by representatives, on an equal basis, from the hospital associations, the medical societies, and the community; and be it further

RESOLVED, That the medical representatives be selected by the Michigan State Medical Society and include physicians from the area concerned; and be it further

RESOLVED, That copies of this resolution be forwarded to the Michigan Hospital Association and the Greater Detroit Area Hospital Council, Inc.

THE REFERENCE COMMITTEE on Miscellaneous Business, F. H. Power, M.D., chairman, approved the resolution with the following amendments to enhance implementation of the resolution by The Council: the first Resolved to be deleted, and the following Resolved be substituted therefor,

Resolved: that the MSMS House of Delegates declares its support of the principle of voluntary area-wide hospital planning by a committee having adequate representation of practicing physicians, the hospital associations, and the communities.

In the second Resolved, the Reference Committee inserted the word "practicing" between the words "include" and "physicians."

The Reference Committee then recommended approval of the resolution as amended.

THE HOUSE amended the Reference Committee Report by the addition of the words, "the county medical societies" after the word "associations" in the substitute for the first Resolved. Also, the House amended the report to substitute "physicians in private practice" for the words "practicing physicians" in both the first and second Resolved.

The House adopted the Reference Committee report as amended by the House.

RESOLUTION 3

Chiefs of Staff and Services in Hospitals

Introduced by F. P. Rhoades, M.D., Wayne

Whereas, the members of the medical profession have need of democratic principles in the operation of the hospital medical staff; and

Whereas, these democratic principles should include the right of the active medical staff:

1. To elect its own officers;
2. To review and revoke the action of such officers, medical staff committees and medical staff members;
3. To nominate and/or elect the chiefs of departments and divisions of the medical staff of the hospital for submission to the board of trustees for their approval; therefore be it

RESOLVED, That boards of trustees of all private non-governmental hospitals in Michigan be urged to consult with and obtain the approval of the medical staff by democratic nomination and/or election of all chiefs of staff and of services prior to their appointment; and be it further

RESOLVED, That a copy of this resolution be sent to the boards of trustees of all private, non-governmental hospitals in Michigan.

THE REFERENCE COMMITTEE on Resolutions, H. F. Falls, M.D., chairman, recommended approval, enthusiastically endorsing the sentiment expressed, though recognizing the resolution lacks implementation.

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 4

Dissemination of Information to Woman's Auxiliary to SAMA

Introduced by Edward E. Elder, Jr., M.D., Oakland

Whereas, the advantages of medical practice in the State of Michigan are known to all of us, and

Whereas, many graduates of our medical schools and residency training programs leave Michigan to practice in other states, therefore be it

RESOLVED, That this House of Delegates and the Council of MSMS disseminate information about the advantages of practice in Michigan, particularly smaller towns, to the wives of senior medical students, interns, and residents through the Woman's Auxiliary to the Student American Medical Association, and that this be done at the county as well as the state level.

THE REFERENCE COMMITTEE on Legislation and Public Relations, D. N. Sweeny, M.D., chairman, recommended approval of the resolution and urged creation of formal liaison committees between local SAMA chapters and component medical societies and urged similar liaison committees between the auxiliaries of the SAMA chapters and component medical societies.

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 5

Remuneration for Councilors and Presidents and Secretaries of County Medical Societies

Introduced by Richard R. Galpin, M.D., Oakland

Whereas, the scientific and medical socio-economic activities of the Michigan State Medical Society and the component county medical societies are becoming ever more complex and time-consuming, and

Whereas, the Michigan State Medical Society and the component county medical societies have been well and ably served by their elected representatives, and

Whereas, such services are extremely important to the individual members of the Michigan State Medical Society and to that body as a whole, and

Whereas, such services, by their demanding nature, may place a real financial handicap on those who serve by reducing the hours the physician concerned has to devote to his practice, and

Whereas, this will reduce the income of said physicians directly in proportion to the amount of service they render to the above societies, and

Whereas, it is particularly important to insure that the societies continue to be served by representatives of high qualification, therefore be it

RESOLVED, That the present committee of The Council which is studying the question of remuneration to officers of the Michigan State Medical Society be requested to enlarge this study to include Councilors, presidents of county medical societies, and secretaries of county medical societies and be it further

RESOLVED: That said committee be requested to evaluate this problem in realistic terms as to the value of the time being given by said elected representatives, and be it further

RESOLVED: That the monies required for such a program be obtained by a suitable increase in dues to all active members of the Michigan State Medical Society.

THE REFERENCE COMMITTEE on Resolutions, H. F. Falls, M.D., chairman, recommended approval of the resolution with the following amendments:

In the first Resolved, the words "and delegates to the AMA" were added after the word "councilors". The sentence, "Presidents of county medical societies and secretaries of county medical societies" was deleted.

The last Resolved was deleted.

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 6

MSMS Section on Orthopedic Surgery

Introduced by H. W. Harris, M.D., Ingham

Whereas, the practice of orthopedic surgery has become widespread throughout the State of Michigan, and

Whereas, almost all cities in the State have practitioners in this specialty, and

Whereas, the teachings of orthopedic surgery not only to orthopedists but to all physicians should be continued and improved, and

Whereas, this can be best accomplished in meetings such as that of the Michigan State Medical Society, therefore be it

RESOLVED: That a Section on Orthopedic Surgery be established in the Michigan State Medical Society.

THE REFERENCE COMMITTEE on Constitution and Bylaws, C. J. Tupper, M.D., chairman, recommended that no action be taken on this resolution, but that it be referred to the Standing Committee on Constitution and Bylaws which is already authorized to study criteria for section membership and other details which should be spelled out before new sections are created.

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 7

Improvement in Medical Aid to Aged Program (Kerr-Mills)

Introduced by A. Hazen Price, M.D., Wayne

Whereas, the Social Security Programs that have been and are being urged by the present administration in Washington could lead to a compulsory health care program for everyone in the United States with domination of physicians and hospitals by the federal government, and

Whereas, the present Kerr-Mills law which is successfully operative in a large number of our states, including Michigan, insures a minimum of interference by the Federal Government, and

Whereas, there are many fine features in the present law, yet, many improvements could be made so it would be more acceptable and available to more of our needy elderly citizens who need assistance when serious and prolonged illness develop and yet are not on public welfare roles, and

Whereas, many states have seen fit to make certain worthwhile changes which have not only broadened the benefits but have also greatly decreased the cost of operation, therefore be it

RESOLVED: That this House of Delegates request the Committee of the Michigan State Medical Society to take whatever steps are necessary to initiate the introduction of appropriate bills into our State Legislature which would modify and improve our present Medical Care to Aged Program, and be it further

RESOLVED: That the Geriatrics Committee of the Michigan State Medical Society, the Michigan Commission on Aging and the Michigan Health Council, all be asked to make appropriate recommendations.

THE REFERENCE COMMITTEE on Legislation and Public Relations, D. N. Sweeny, M.D., chairman, recommended approval of this resolution with the addition of a third Resolved: "That each county medical society in the State of Michigan be encouraged to implement more fully the Kerr-Mills Act for the needy aging at local levels."

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 8

Advance Submission of House of Delegates Resolutions

Introduced by Wm. G. Gamble, Jr., M.D., Bay-Arenac-Iosco

Whereas, there has been a great increase in the number of decisions the House of Delegates must make, and

Whereas, there is insufficient time during the House of Delegates sessions to reach considered opinions and many matters are referred to The Council, and

Whereas, the members of the House would be better prepared if advised in advance on the matters of business, be it therefore

RESOLVED: That resolutions to be considered by the House of Delegates shall be submitted thirty days before the House convenes and transmitted to the Delegates, and be it further

RESOLVED: No resolutions submitted after this deadline will be considered by the House of Delegates unless approved by a two-thirds vote of the members present.

THE REFERENCE COMMITTEE on Constitution and Bylaws, C. J. Tupper, M.D., chairman, recommended disapproval of this resolution. Although the committee was in sympathy with the intent, it believed the resolution would tend to complicate and obstruct the business of the Society.

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 9

Establishment of a Formal Coordinated Program of Active Counseling in Medicine and Allied Sciences

Introduced by W. Clarence Beets, M.D., Kent

Whereas, the need for more physicians and ancillary personnel has become increasingly apparent in recent years, and

Whereas, the number of young people interested in the health field and the potential graduates are not sufficient to fill the need, and

Whereas, the bargaining for these ancillary services has contributed to higher wages, and

Whereas, this in turn has contributed considerably to the higher cost of medical care, and

Whereas, the Federal Government has in the past and more recently appropriated considerable monies for aid in training in the allied health services, therefore be it

RESOLVED: That the Michigan State Medical Society establish a formal coordinated program of active counseling in medicine and allied sciences:

(a) To be recommended and expedited at the county level,
(b) With active physician participation in our local high schools and colleges.

THE REFERENCE COMMITTEE on Miscellaneous Business, F. H. Power, M.D., chairman, recommended adoption of the following:

Substitute Resolution 9

"Whereas, the need for more physicians and ancillary personnel has become increasingly apparent in recent years, and

"Whereas, the number of young people interested in the health field and the potential graduates are not sufficient to fill the need, and

"Whereas, the Federal Government has in the past and more recently appropriated considerable monies for aid in training in the allied health services; therefore, be it

"RESOLVED: That the Michigan State Medical Society establish a committee to assemble all pertinent information concerning careers in medicine and paramedical fields, for distribution to the county medical societies, encouraging them to initiate an appropriate counseling program in these fields on a local level."

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 10

Better Control of Public Health Officers

Introduced by Robert J. Fles, M.D., Muskegon

Whereas, county public health officers are currently responsible to no one but the board of supervisors of their respective counties, and

Whereas, many county public health officers engage in the private practice of medicine while in the full employ of their respective county governmental units, and

Whereas, a few county public health officers maintain absolutely no communication with their component societies or the State Department of Health, and

Whereas, the State Department of Health does contribute substantially to the annual remuneration of these various county health officers, and their offices; therefore be it

RESOLVED: That the Legal Affairs Committee of MSMS be instructed to begin an investigation of this problem in conjunction with the State Department of Health to see if any steps can be taken to insure better co-operation with, and control of, county public health officers.

THE REFERENCE COMMITTEE on Hygiene and Public Health, E. C. Baumgarten, M.D., chairman, considered Resolutions 10 and 17 together and recommended the adoption of the following:

Substitute for Resolutions 10 and 17

"Whereas, public health is the art and science concerned with community health problems, rather than the specific diagnosis and treatment of the individual, except as defined by law, and

"Whereas, trends in modern society have increased the complexity of providing personal and public health services, and

"Whereas, the public is always better served by patterns of efficient services which complement one another, and

"Whereas, society unity will be enhanced by a positive program to develop efficient coordinated health services; therefore, be it

"RESOLVED: That The Council of the Michigan State Medical Society be directed to establish a special committee with equitable representation of members of the Michigan State Medical Society in private practice and representatives of the Public Health Services to develop recommendations for such a program."

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 11

Establishment of MSMS Judicial System

Introduced by Gregory P. Moore, M.D., Wexford-Missaukee

Whereas, there is increased awareness of the need for the medical profession to maintain and, indeed, strengthen its high ethical principles and procedures, and

Whereas, the House of Delegates has made certain recommendations re utilization investigation and disciplinary action, and

Whereas, The Council has been carrying out a thorough review of the MSMS ethics and mediation procedures with the assistance of the AMA, and

Whereas, The Council, in its efforts to implement House of Delegates recommendations, is hindered by the existing Bylaws, and the overall complexities of changes in this area of concern, and

Whereas, the President-Elect, with the approval of The Council, recommends the establishment of a modern MSMS judicial system, therefore be it

RESOLVED: That this House of Delegates approve the principle of a Judicial Board and authorize the establishment of a Judicial Commission, appointed by the President of MSMS, to prepare recommendations providing for a permanent Judicial Board and System to become effective following the 1965 Annual Session of MSMS.

THE REFERENCE COMMITTEE on Constitution and Bylaws, C. J. Tupper, M.D., Chairman, unanimously endorsed the resolution with enthusiasm, having amended the Resolved to read:

"RESOLVED: That this House of Delegates approve the principle of a Judicial Board and authorize the establishment of a Judicial Commission appointed by the President of the Michigan State Medical Society, to study criteria of medical care and frequency of use, and to prepare recommendations providing for a permanent Judicial Board and system, to become effective immediately following the 1965 Annual Session of the Michigan State Medical Society."

THE HOUSE adopted the report of the Reference Committee.

THE REFERENCE COMMITTEE, subsequently, in a Supplemental Report, proposed a Constitutional amendment, a new Article 11, which read as follows:

"Article 11. Judicial Board. Section 1—Composition, Powers and Duties.

"The Judicial Board shall be the body having general jurisdiction in matters relating to professional ethics, grievances, discipline of members, utilization of health insurance benefits, and professional conduct generally. It shall consist of members to be elected by the voting members of the Society. The number of members, their terms of office, the time and manner of their election, and the specific powers and duties of the Board shall be as prescribed by the Bylaws."

THE HOUSE laid this over until the 1965 Session of the House, as provided in the Constitution and Bylaws.

RESOLUTION 12

Relationship of Physicians

Introduced by K. T. McGunegle, M.D., Sanilac

Whereas, in some areas of the state, due to distance and unavailability of specialists in each field of the practice of medicine, it is necessary that many people be treated by physicians not specifically trained in the appropriate specialty field, and

Whereas, this results many times in situations which cause friction between physician and physician, and physician and patient, therefore be it

RESOLVED: That the MSMS through an appropriate committee, re-examine the problem of the relationship between the attending physician and the consulting surgeon or appropriate specialist from the standpoint of

1. Their relative responsibility to the patient.
2. The relative value of the work done by each physician.

THE REFERENCE COMMITTEE on Resolutions, H. F. Falls, M.D., Chairman, recommended the resolution be not adopted for these reasons: (1) the problem is one of the intimate relationship between the physician, the consultant and the patient, and (2) is not within the purview of present mechanics of the MSMS.

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 13

Football Supervision

Introduced by K. T. McGunegle, M.D., Sanilac

Whereas, there are thousands of growing children participating in competitive interscholastic football, and

Whereas, our medical profession professes to be the adviser and guardian of the health of the people of Michigan, therefore be it

RESOLVED: That the MSMS urge its constituent societies, through committees or some other suitable means, to see that each football game (varsity at least) have a physician attending such games.

THE REFERENCE COMMITTEE on Legislation and Public Relations, D. N. Sweeny, M.D., Chairman, recommended deletion of the Resolved portion, and substituting therefor, the following:

Resolved: That The Council of the MSMS establish a Committee on the Medical Aspects of Organized Athletics; and be it further

Resolved: That each component society urge its members to provide medical service for organized athletic programs.

As amended, the Reference Committee recommended the resolution be adopted.

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 14

Amendment to MSMS Bylaws, Chapter 11, Section 1 (b), Tuberculosis Control Committee to Committee on Respiratory Diseases

Introduced by L. A. Drolett, M.D., Ingham

Whereas, the problem of tuberculosis control is not as acute as in the past, and

Whereas, there is a great need in the area of control of other respiratory diseases, and

Whereas, air pollution has become a more serious problem, therefore be it

RESOLVED: That Chapter 11, Section 1 (b) be amended to change the name of the Tuberculosis Control Committee to the Committee on Respiratory Diseases, and be it further

RESOLVED: That the proper reference committee take action to expedite this matter at this session of the House of Delegates, if possible.

THE REFERENCE COMMITTEE on Constitution and Bylaws, C. J. Tupper, M.D., Chairman, recommended approval of the resolution with the deletion of the last Resolved.

THE HOUSE adopted the report of the Reference Committee after laying this item over until the following meeting in accordance with the Bylaws.

RESOLUTION 15

Proposed Increase in AMA Dues

Introduced by Donald N. Sweeny, Jr., M.D., Wayne

Whereas, the House of Delegates of the American Medical Association has under consideration a proposal to increase the American Medical Association dues each year until they total $100 in 1967, and

Whereas, the purpose of this proposed increase in dues is to provide better communications with the members and to assist the local societies in their programs, and

Whereas, the most effective means of communications with the membership in any democratic organization is at the local level, and

Whereas, the American Medical Association has always believed that local needs can best be met by local action and that national assistance should be provided only on the basis of demonstrated need, and

Whereas, the proposed increase in American Medical Association dues would deter the component medical societies from increasing their dues and expanding their activities and programs, therefore be it

RESOLVED: That the proposed increase in dues to the American Medical Association be not approved, and be it further

RESOLVED: That the American Medical Association encourage and assist the component medical societies in developing better communications with their members, their respective state societies, the American Medical Association, and the public.

THE REFERENCE COMMITTEE on Legislation and Public Relations, D. N. Sweeny, M.D., Chairman, recommended approval of the resolution with the addition of the following sentence to the last Resolved: "If additional funds are necessary to improve these communications with the state and county societies, an adjustment of dues should be at the local rather than the national level."

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 16

Indigent Physicians and Their Wives

Introduced by David I. Sugar, M.D., Wayne

Whereas, there are physicians who are or have been members of the Michigan State Medical Society and wives of these physicians who are unable because of illness, old age, or other difficulties to support themselves or their families, and

Whereas, neither social security or any other funds are available to assist needy physicians and their wives, and

Whereas, the first responsibility of the Michigan State Medical Society should be to the members who support it, and

Whereas, the Michigan State Medical Society has allocated $20 or more per member for many years to public relations programs, therefore be it

RESOLVED: That The Council of the Michigan State Medical Society be instructed to consider the development of a fund to help needy physician-members and their wives and that this program be financed out of public relations monies, the amount to be allocated not to exceed $2.00 per member annually.

THE REFERENCE COMMITTEE on Ways and Means, J. R. Pedden, M.D., Chairman, recommended approval of the resolution amended as follows:

"Whereas, there are physicians who are or who have been members of the Michigan State Medical Society and wives and dependents of these physicians who are unable because of illness, old age, or other difficulties to support themselves or their families, and

"Whereas, neither adequate OASI nor any other funds are as yet available to assist needy physicians and their wives and dependents, and

"Whereas, the Michigan State Medical Society has a responsibility to the members who support it; therefore, be it

"**RESOLVED:** That The Council be instructed to continue its study of a plan of financial assistance to needy physicians and their dependents and to report such plan to the next meeting of the Michigan State Medical Society House of Delegates in 1965."

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 17

Definition of Public Health

Introduced by F. P. Rhoades, M.D., Wayne

Whereas, the 1962 American Medical Association House of Delegates defined Public Health as follows: "Public Health is the art and science of *maintaining*, protecting and improving the health of the people through organized community efforts. It includes those arrangements whereby the community provides medical services for *special groups* of persons and is concerned with prevention or control of *disease*, with persons requiring hospitalization to protect the community and with the medically indigent"; and

Whereas, the Michigan State Medical Society's County Societies Committee in a 1964 report to The Council of the Michigan State Medical Society considered this American Medical Association definition as too broad in that it could be construed as including possible total control of the practice of medicine; and

Whereas, the 1964 American Medical Association House of Delegates referred the matter to the American Medical Association Board of Trustees; therefore be it

RESOLVED: That the House of Delegates, Michigan State Medical Society, adopt the following definition of public health: "Public Health is the art and science concerned with community health problems rather than the specific diagnosis and treatment of the individual and that the services of departments of public health should be limited to:

1. Vital statistics
2. Public health education
3. Environmental sanitation
4. Prevention and control of communicable diseases
5. Industrial health hazards
6. Maintenance of health laboratories, if private facilities are not available
7. The medical aspects of community-wide disasters in cooperation with other appropriate governmental agencies (Civil Defense)
8. Standards for maternal and child health

and be it further

RESOLVED: That the delegates from Michigan State Medical Society to the American Medical Association be asked to submit a resolution embodying the above definition at the next session of the American Medical Association House of Delegates.

THE REFERENCE COMMITTEE on Hygiene & Public Health, E. C. Baumgarten, M.D., Chairman, considered Resolutions 10 and 17 together. For Reference Committee and House action, see Resolution 10.

RESOLUTION 18

Michigan Hospital Service and the Physician

Introduced by V. V. Bass, M.D., Saginaw

Whereas, the Michigan Blue Cross Program involves a contract between Michigan Hospital Service and individual and group subscribers, and

Whereas, the Michigan Blue Cross Program involves an agreement between Michigan Hospital Service and specific hospitals in Michigan and their administrative boards, and

Whereas, there is neither agreement with nor consultation with Michigan Blue Cross, the Michigan Hospital Service, and the individual physician, and

Whereas, any agreement between Michigan Hospital Service and the hospitals in Michigan, either on an individual basis or collectively, does not involve or imply agreement by the physician, and

Whereas, present practices of the Michigan Hospital Service imply facts which are contrary to the policies as presented in the contract between Michigan Hospital Service and the patient, and

Whereas, these practices require that the hospital involve the physician in the completion of forms based on misinformation and upon matters which do not involve the physician, therefore be it

RESOLVED: That the physicians in Michigan advise the Michigan Hospital Service and any hospital administrators involved in this practice that the physician is opposed to being a party thereof, and be it further

RESOLVED: That the physicians in Michigan see no need to take any action other than refusal, individually and/or collectively, to participate in such administrative programs as the Michigan Hospital Service should develop, and be it further

RESOLVED: That the delivery of this Resolution to the Michigan Hospital Service is to be interpreted as adequate notice that the physicians in Michigan will no longer, as of the date of adoption of this Resolution and its delivery to the Michigan Hospital Service, comply with the requests of the Michigan Hospital Service and the participating hospitals, in any administrative way, to be involved with the Michigan Hospital Service demands, directly or indirectly.

THE REFERENCE COMMITTEE on Medical Service and Prepayment Insurance, J. B. Blodgett, M.D., Chairman, recommended disapproval of this resolution.

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 19

Private Health Insurance for the Aging

Introduced by D. B. Hiscoe, M.D., Ingham

This resolution has been passed by the Ingham County Medical Society and forwarded to the Michigan State Medical Society for action.

Whereas, doctors of medicine should be and are concerned about the social and economic problems of medical care, and

Whereas, The physicians of the Michigan State Medical Society are anxious to help develop a system of more adequate care for all, preserving at the same time the fundamental principles of free choice of physician, private practice of medicine, high quality of medical care, and

Whereas, we all support the Kerr-Mills Act as a fundamental step in this direction, and

Whereas, we also feel that as further government assistance is deemed necessary for certain individuals, especially in the older age groups, the medical profession should be on record in support of a positive program consistent with these goals, therefore, be it

RESOLVED, that the Michigan State Medical Society support a program that allows

(1) the federal government to subsidize the elderly individual of limited means in his private purchase of health insurance in the open market, and

(2) the federal government to establish certain minimum standards of financial responsibility and benefits to be provided, such standards to be met by the insurance companies involved in such a program, and be it further

RESOLVED, that this resolution be forwarded to the American Medical Association for action.

THE REFERENCE COMMITTEE on Legislation and Public Relations, D. N. Sweeny, M.D., Chairman, recommended disapproval of this resolution.

The House did not adopt the report of the Reference Committee.

THE HOUSE adopted Resolution 19 as introduced.

RESOLUTION 20

Medical Review and Arbitration Committees

Introduced by Laurence Segar, M.D., Wayne

Whereas, the problem of evaluating prepaid medical services has been given careful study by the Ad Hoc Committee to Study Proposed Utilization Committee of the Michigan State Medical Society; and

Whereas, this Ad Hoc Committee has recommended:

(1) That each county medical society establish a Review and Arbitration Committee to review facts submitted and take appropriate corrective action when indicated;

(2) That the Michigan State Medical Society establish a

Review and Arbitration Committee to act as an appeal body and, where indicated, with authority to recommend solutions that may be prescribed by component society committees; and

Whereas, The Council of the Michigan State Medical Society has referred the report to the Committee on Constitution and Bylaws for implementation; therefore be it

RESOLVED, that the House of Delegates of the Michigan State Medical Society approve the recommendations of the Ad Hoc Committee to study Proposed Utilization Committee; and be it further

RESOLVED, that the Committee on Constitution and Bylaws be instructed to prepare any necessary changes in the Bylaws of the Michigan State Medical Society to implement the recommendations of the Ad Hoc Committee and to present the report of the Committee on Constitution and Bylaws to this session of the House of Delegates for action.

THE REFERENCE COMMITTEE on Constitution and Bylaws, C. J. Tupper, M.D., Chairman, recommended that this resolution be referred to the Judicial Commission for advice.

THE HOUSE re-referred the Reference Committee report on Resolution 20 to the Reference Committee on Constitution and Bylaws, along with Substitute Resolution 20, which read as follows:

Substitute Resolution 20—J. B. Blodgett, M.D., Wayne.

Whereas, this House has approved Resolution No. 11 and implementation of this Resolution will require Bylaws changes, therefore be it

RESOLVED: That the Committee on Constitution and Bylaws be instructed to prepare any necessary changes in the Bylaws of MSMS to implement Resolution No. 11 and that these Bylaw changes be presented to the House at this session.

THE REFERENCE COMMITTEE on Constitution and Bylaws, in its Supplemental Report, recommended that no action be taken on Substitute Resolution 20, since the spirit of the resolution can be implemented under existing Bylaws. (No action was taken on Resolution 20.)

In addition, the Reference Committee recommended that the Judicial Commission, as authorized in Resolution 11, be activated immediately and serve as a functioning review and advisory committee in addition to its function as a study commission.

THE HOUSE adopted the Supplemental Report of the Reference Committee.

RESOLUTION 21

Merit Rating

Introduced by Ralph R. Cooper, M.D., Wayne

Whereas, the present policy of Michigan Medical Service to charge the same rate to everyone (community rating) has resulted in loss of subscribers and income, in rate increases and public criticism, and

Whereas, merit rating would reimburse Michigan Medical Service for actual costs plus a subsidy for the low-income groups and subscribers over 65, and

Whereas, such an equitable distribution of costs would encourage enrollment and maintain the fiscal soundness of Michigan Medical Service, therefore be it

RESOLVED: That the House of Delegates of the Michigan State Medical Society endorse in principle the adoption of merit rating by Michigan Medical Service.

THE REFERENCE COMMITTEE on Medical Service and Prepayment Insurance, J. B. Blodgett, M.D., Chairman, recommended approval of the Resolution.

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 22

Evaluation of Prepaid Medical Services

Introduced by Herbert Devine, M.D., Wayne

Whereas, it is essential for Michigan State Medical Society to have specific information as to the frequency of use of any prepaid medical services; and

Whereas, such information is necessary to enable the medical profession to maintain and improve the quality of medical care, and

Whereas, only physicians are competent to judge the propriety of medical services, therefore be it

RESOLVED: That The Council of the Michigan State Medical Society be instructed to appoint, not later than January 1, 1965, a fact-finding committee of physicians, without punitive powers, to evaluate the prepaid medical services rendered in Michigan, and be it further

RESOLVED: That the source of information submitted to this committee be unidentified as to physician or patient.

THE REFERENCE COMMITTEE on Medical Service and Prepayment Insurance, J. B. Blodgett, M.D., Chairman, recommended approval of this resolution with the two Resolved portions amended as follows:

"RESOLVED: That The Council of the MSMS be instructed to appoint, not later than January 1, 1965, a fact-finding committee of physicians, without punitive powers, to evaluate utilization of prepaid medical services rendered in Michigan, and be it further,

"RESOLVED: That the sources of information submitted to this committee not be identified as to physician or patient."

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 23

Michigan Diabetes Detection Program

Introduced by Frank S. Perkin, M.D., Wayne

Whereas, diabetes mellitus is rapidly increasing in significance as a medical problem with a potential incidence of over 30 per cent of the population, and

Whereas, diabetes mellitus is a metabolic disorder with no recognized practices of prevention or control and is primarily a responsibility of the private practice of medicine; and

Whereas, the Michigan Diabetes Detection Program has screened over 20 per cent of all cases in the United States in a state with less than 3 per cent of the total population, therefore be it

RESOLVED: That the Michigan State Medical Society encourage and urge all its members to support and cooperate with the Michigan Diabetes Detection Program which is sponsored by the Michigan State Medical Society and the Michigan Diabetes Association with co-sponsorship and representation on its Advisory Committee of the Michigan Department of Health, the Michigan Society of Pathologists, the Detroit Department of Health, and the Wayne County Health Department, and be it further

RESOLVED: That the Michigan State Medical Society recognizes and appreciates the cooperation of the State, County, and City Health Departments in this program, and be it further

RESOLVED: That copies of this resolution be forwarded to each of the sponsoring groups of the Michigan Diabetes Detection Program and to every county medical society in Michigan.

THE REFERENCE COMMITTEE on Resolutions, H. F. Falls, M.D., Chairman, recommended approval of the resolution amended to read as follows:

"Whereas, diabetes mellitus is of increasing significance as a medical problem, with a potential incidence of over 30 per cent of the population, and

"Whereas, diabetes mellitus is a metabolic disorder and its detection and treatment are primarily responsibilities of the private practice of medicine, and

"Whereas, to date the Michigan Diabetes Detection Program has screened over 20 per cent of all the diabetes cases screened in the United States, and this in a State with less

than 3 per cent of the population of this country; therefore, be it

"RESOLVED: That the Michigan State Medical Society encourage and urge all of its members to support and cooperate with the Michigan Diabetes Detection Program, which was sponsored by the Michigan State Medical Society, the Michigan Diabetes Association, the Michigan Department of Health and the Michigan Society of Pathologists, and co-sponsored by local health departments and county medical societies. It is urged that this successful sponsorship be resumed; and be it further

"RESOLVED: That the Michigan State Medical Society recognizes and appreciates the cooperation of the state, county and city health departments in this program; and be it further

"RESOLVED: That copies of this resolution be forwarded to each of the sponsoring groups of the Michigan Diabetes Detection Program and to every county medical society in Michigan."

THE HOUSE adopted the report of the Reference Committee except that the House added the word "past" before "cooperation" in the second Resolved.

RESOLUTION 24

Section on Allergy and Applied Immunology in Michigan State Medical Society

Introduced by L. Dell Henry, M.D., Washtenaw

Whereas, the Michigan Allergy Society was founded in 1936, and

Whereas, the Michigan Allergy Society has a membership of approximately 100 medical physicians, and

Whereas, the Science of Allergy and Applied Immunology is an integral part of the teaching of medicine both at the undergraduate and graduate levels, and

Whereas, the membership of the Michigan Allergy Society participates actively in the teaching program at the University of Michigan Medical School and the Wayne State Medical School, and in postgraduate clinics throughout the State of Michigan, and

Whereas, the allergists, who are members of the Michigan Allergy Society are also active in national and international allergy societies, therefore be it

RESOLVED: That a Section on Allergy and Applied Immunology be authorized within the structure of the Michigan State Medical Society.

THE REFERENCE COMMITTEE on Constitution and Bylaws, C. J. Tupper, M.D., Chairman, recommended no action on this resolution, but that it be referred to the Standing Committee on Constitution and Bylaws which is already authorized to study criteria for section membership and other details which should be spelled out before new sections are created.

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 25

Preservation of the Patient-Physician Privilege of Confidential Communication

Introduced by Louis E. Heideman, M.D., Wayne

Whereas, the Wayne County Circuit Court has proposed an amendment to the General Court Rules of Michigan, to-wit: "Rule 311.2 (2) Commencement of suit for personal injuries by any party shall constitute a waiver of the patient-physician privilege, the attorney-client privilege relating to the physical or mental condition of the person seeking damages, or any other privilege relating to his physical or mental condition," and

Whereas, in the confidential nature of the patient-physician relationship it is essential that the patient disclose to his physician many of his innermost thoughts and actions of a most secret nature, and

Whereas, this confidential communication of the patient to his physician has, heretofore, been protected by law, and

Whereas, the broad language of the proposed Rule 311.2 (2) would abolish the privilege in the case of every individual involved in personal injury litigation by the mere act of his commencing suit, and

Whereas, this broad language of the proposed amendment would have a pronounced tendency to reduce the likelihood of full disclosure by the patient to his physician of important history which might be essential to adequate treatment of the patient, therefore be it

RESOLVED: That the House of Delegates of the Michigan State Medical Society is vigorously opposed to the adoption of Rule 311.2 (2) of the General Court Rules of Michigan as being inimical to the best interests of patient care; and be it further

RESOLVED: That a copy of this Resolution be sent to every member of the Supreme Court of Michigan, to every Circuit Judge in Michigan, to the Michigan State Bar Association and to the Detroit Bar Association.

THE REFERENCE COMMITTEE on Legislation and Public Relations, D. N. Sweeny, M.D., Chairman, recommended approval of the resolution with the following changes:

In the first Resolved, substitute for the word "inimical" the word "detrimental" so that this portion would read: "RESOLVED: That the House of Delegates of the Michigan State Medical Society is vigorously opposed to the adoption of Rule 311.2 (2) of the General Court Rules of Michigan as being detrimental to the best interests of patient care."

Delete the second Resolved in its entirety and substitute the following:

"RESOLVED: That this resolution be referred to The Council of the Michigan State Medical Society for early study, expeditious disposition and prompt implementation through proper existing liaison mechanisms with the Michigan State Bar Association."

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 26

Urging Participation in MDPAC and AMPAC

Introduced by Hugh T. Caumartin, M.D., Saginaw

Whereas, the Michigan Doctors Political Action Committee (MDPAC) and the American Medical Political Action Committee (AMPAC) are organized by doctors for political education and direct candidate support, and

Whereas, medicine is confronted now and will be confronted in the future by powerful political forces seeking passage of federal legislation dangerous to the basic principles underlying our American system of medical care, and

Whereas, such organizations as MDPAC and AMPAC are absolutely essential to combat political malpractice under any program of government-controlled medicine, therefore be it

RESOLVED: That we Delegates here assembled give our endorsement and encouragement to the Michigan Doctors Political Action Committee and the American Medical Political Action Committee, and we strongly recommend and urge that every Michigan doctor of medicine become a dues-paying member of the Michigan Doctors Political Action Committee and AMPAC.

THE REFERENCE COMMITTEE on Resolutions, H. F. Falls, M.D., Chairman, recommended approval of the resolution amended to delete the words "political malpractice under" in the last whereas, and deleting the word "dues-paying" in the Resolved.

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 27

M.D.-D.O. Relations

Introduced by Robert M. Leitch, M.D., Branch

Whereas, osteopaths are licensed by the State of Michigan to practice medicine and surgery; and

Whereas, hospitals which are supported by public funds are required by law to accept D.O.s to the medical staffs of said hospitals, and

Whereas, the presence of two medical disciplines on the same medical staff results in confusion for both the administration of the hospitals and the medical staffs, and

Whereas, the practice of medicine and surgery could best be performed by one discipline of medical philosophy, therefore be it

RESOLVED: That the Michigan State Medical Society recommend to the State Legislature that all D.O.s practicing scientific medicine be given M.D. degrees; and that from the date of such action forward no new D.O.s be licensed to practice in Michigan.

THE REFERENCE COMMITTEE on Reports of Special Committees, B. E. Brush, M.D., Chairman, recommended no action on the Resolution since the intent is covered in the Annual Report of the Committee on Medicine and Osteopathy.

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 28

Commendation of John M. Sheldon, M.D., for Outstanding Service to MSMS in Postgraduate Education

Introduced by Harold F. Falls, M.D., Washtenaw

Whereas, Doctor John M. Sheldon has served successfully in the capacity of chairman of the MSMS Postgraduate Medical Education Committee for a number of years, and

Whereas, in such capacity he and his committee has evolved a postgraduate educational program second to none in this country, and

Whereas, in such capacity he and his committee have created an excellent rapport and spirt of cooperation between Wayne State University School of Medicine and the University of Michigan Medical School faculties in postgraduate education service in this state, therefore be it

RESOLVED: That the House of Delegates of MSMS express its appreciation to Doctor John M. Sheldon for a job extremely well done, and be it further

RESOLVED: That a copy of this resolution be forwarded to Doctor John M. Sheldon.

THE REFERENCE COMMITTEE on Resolutions, H. F. Falls, M.D., Chairman, recommended approval of this Resolution.

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 29

Mental Health

Introduced by Benjamin Jeffries, M.D., Wayne

Whereas, the purpose and intent of Public Act 236, 1963, (following the adoption of the Constitution) was that the Director of the Department of Mental Health was to be appointed by and responsible directly to the Governor. The director was required to be a medical man trained in psychiatry and the policy-making and the director-hiring Mental Health Commission was abolished and replaced by a Mental Health Advisory Council. This Act clearly fixed responsibility and accountability for this major function of government; and

Whereas, the passage of Public Act 54, 1963, the Community Mental Health Services Act, provides Michigan with a tested vehicle for more effective coordination of mental health programs and services of all agencies involved at the local level, while bringing responsibility and participation closer to the people; and

Whereas, forty-four per cent of all state employees paid from the General Fund are employed by the Department of Mental Health and over half of all hospital beds are occupied by mental patients; and

Whereas, we believe that to submerge the department of government which carries the banner of visibility, respectability and responsibility for the mentally ill would be regression and reaction, not progress; and

Whereas, we believe that the Department of Mental Health as presently constituted is large enough and complex enough for any one department of government, therefore be it

RESOLVED: That the Michigan State Medical Society recommends that the Department of Mental Health be designated as one of the principal departments of state government, as directed by the Constitution revision of 1963, and that after the principal reorganization has been affected, any shifts of mental health responsibilities currently parts of other agencies be made on a functional basis by executive order.

THE REFERENCE COMMITTEE on Legislation and Public Relations, D. N. Sweeny, M.D., Chairman, recommended this Resolution be referred to The Council of MSMS without prejudice, for its continuing study and recommendations at an appropriate time to the Executive office of the State of Michigan.

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 30

Tetanus Immunization

Introduced by Homer Howes, M.D., Wayne

Whereas, tetanus is always a potential complication of injury; and

Whereas, the production and maintenance of active immunization against this infection is very successful; and

Whereas, the average person needs to be reminded of this immunization; therefore be it

RESOLVED: The Michigan State Medical Society, in an effort to have as many persons as possible in Michigan immunized against tetanus, recommend to the Secretary of State that a place on each driver's license be arranged so that the licensee may record the status of his tetanus immunization; and be it further

RESOLVED: That the Michigan State Medical Society also recommend to the Commissioner of the Department of Health that he prepare a memorandum which would routinely be sent with each driver's license issued, and which would explain and remind each licensee of the importance and technique of active tetanus immunization.

THE REFERENCE COMMITTEE on Hygiene and Public Health, E. C. Baumgarten, M.D., Chairman, recommended approval of the Resolution, amending the last Resolved to read:

"RESOLVED: That the MSMS also recommend to the State Health Commissioner that he prepare a memorandum which would routinely be sent with each driver's license issued, and which would explain and remind each licensee of the importance of procedure and timing of active tetanus immunization."

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 31

Subacute Medical Facilities

Introduced by William J. Yott, M.D., Wayne

Whereas, there is an urgent necessity for medical facilities in the State of Michigan for the care of recuperative patients, and

Whereas, usage of rehabilitation facilities and hospital beds have increased due to the prepayment insurance and population growth, and

Whereas, the cost of acute hospital care is of necessity much greater than it would be in this type of intermediate or subacute facility, and

Whereas, it would make many more beds in the acute institutions available and decrease the bed shortage; therefore be it

RESOLVED: That the Michigan State Medical Society request the appropriate committee of Michigan State Medical Society to establish standards and procedures for classification and licensure of medical facilities for the care of subacute illnesses.

THE REFERENCE COMMITTEE on Miscellaneous Business, F. H. Power, M.D., Chairman, amended the Resolution by adding, in the Resolved after the word "licensure," the words "by the State," and recommended approval of the Resolution as amended.

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 32

Malpractice Coverage

Introduced by Alexander Blain, III, M.D., Wayne

Whereas, some insurance agencies have refused to renew the malpractice insurance for a number of physicians unless some other type of insurance are included as a package deal; and

Whereas, these physicians are finding it difficult to obtain coverage elsewhere, therefore be it

RESOLVED: That the Council of the Michigan State Medical Society at its meeting September 24, 1964, call this problem immediately to the attention of the Insurance Commissioner of the State of Michigan.

THE REFERENCE COMMITTEE on Legislation and Public Relations, D. N. Sweeny, M.D., Chairman, amended the Resolution by deleting the Resolved and substituting therefor:

"RESOLVED: That these allegations be referred to The Council of the MSMS for investigation and documentation, and that at an early appropriate time these matters be brought to the attention of the Insurance Commission of the State of Michigan." It then recommended approval of the Resolution as amended.

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 33

Michigan Relative Value Scale Conversion Factor

Introduced by A. R. VandenBerg, M.D., Kent

Whereas, Michigan State Medical Society has placed itself on record favoring Michigan Relative Value Scale in principle, and

Whereas, continued delays have occurred implementing this relative scale, and

Whereas, the Relative Value Scale is truly relative and equitable only when the conversion factor of $5.00 is used as was the case in developing the scale, therefore be it

RESOLVED: That the Michigan State Medical Society urge implementation of Michigan Relative Value Scale and be it further

RESOLVED: That the unit value for the average income subscriber be established at not less than $5.00 for future contracts.

THE REFERENCE COMMITTEE on Medical Service and Prepayment Insurance, J. B. Blodgett, M.D., Chairman, recommended no action on this Resolution since the matter was being studied by another Committee.

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 34

Michigan State Board of Registration in Medicine

Introduced by Floyd Levagood, M.D., Wayne

Whereas, the medical profession of Michigan is vitally concerned with violations of the Medical Practices Act of the State of Michigan, and

Whereas, it is impossible for the State Board of Registration in Medicine, because of an inadequate budget, to completely fulfill its responsibilities, and

Whereas, the medical physicians of the State of Michigan pay, through registration, re-registration and examination fees, more than an adequate amount of money for the proper and effective enforcement of the Medical Practices Act by the State Board of Registration in Medicine, therefore be it

RESOLVED: That the House of Delegates of the Michigan State Medical Society request the State of Michigan to allocate sufficient funds to the Board of Registration in Medicine to enable adequate enforcement of the Medical Practices Act of the State of Michigan, and be it further

RESOLVED: That copies of this resolution be furnished to the Governor of Michigan and sent to all members of the State Legislature.

THE REFERENCE COMMITTEE on Legislation and Public Relations, D. N. Sweeny, M.D., Chairman, recommended approval of the Resolution with the following changes: Add "has been reported" after "it" in the second Whereas; substitute for the first Resolved "Resolved: That this House of Delegates request the State Board of Registration in Medicine to inform The Council (1) whether it has adequate enforcement power under the present Medical Practice Act and, if not, in what respect it should be strengthened, (2) whether it has an adequate budget to administer an effective program of enforcement and, if not, what additional funds are required and the purposes for which they will be used," and (3) deletion of the second Resolved.

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 35

Medical Schools

Introduced by Jack Rom, M.D., Wayne

Whereas, the quality of medical education is of the greatest possible significance to every segment of our society, and

Whereas, it is the responsibility of the American Medical Association through its Council on Medical Education to establish standards for the accreditation of medical schools, and

Whereas, the state and county components of the American Medical Association share this responsibiilty at the local level, and

Whereas, the effective conduct of any medical school depends to a marked degree upon liaison with and mutual understanding of the local medical practitioners, therefore be it

RESOLVED: That when any new medical school, especially if tax supported, is to be established or any basic or fundamental change is to be made in any existing school, it is in the best interests of all concerned for the governing bodies of such medical schools to seek the advice and cooperation of the state and county components of the American Medical Association in the establishment of medical educational policies, and be it further

RESOLVED: That copies of this resolution shall be sent to all members of the governing boards or regents of the universities in Michigan who have medical schools.

THE REFERENCE COMMITTEE on Miscellaneous Business, F. H. Power, M.D., Chairman, recommended disapproval of the Resolution.

THE HOUSE did not adopt the recommendation of the Reference Committee.

The House adopted the Resolution as introduced.

RESOLUTION 36

Relationships between Doctors of Medicine and Doctors of Osteopathy

Introduced by W. L. Brosius, M.D., Wayne

Whereas, the Board of Commissioners of the Joint Commission on Accreditation of Hospitals, Bulletin No. 25, states: (1) "Only doctors of medicine or doctors of osteopathy shall practice in hospitals listed by the American Hospital Association. (2) "If doctors of osteopathy are practicing in the hospital, then, under the requirements for listing, the overall supervision of clinical work must be under a doctor of medicine (as chief of staff and chief of department, if departmentalized)", and

Whereas, the Michigan State Plan for Hospital and Medical Facilities construction for 1961-1962 - Supplement (Hill-Burton) states; Section V, Paragraph 3: "The State Agency does not believe the difference in composition of staff is sufficient to justify programming of separate facilities for patients of medical and osteopathic physicians in communities which could not otherwise justify the existence of two separate hospitals, recognizing that any decision with respect to physician staff privileges is the prerogative of the local community," and

Whereas, the University of Michigan Study on Hospitals and Medical Economics (the McNerney Report) points out methods by which health care of the people of Michigan could be improved by better coordination between doctors of medicine and doctors of osteopathy, and

Whereas, the Governor's Commission on Prepaid Hospital and Medical Care Plans (the Bowles' Report) recommends that the appropriate state medical and osteopathic societies promptly take all measures necessary to permit hospitals to consider joint osteopathic and medical staffs, and

Whereas, separate hospitals for doctors of medicine and doctors of osteopathy are an uneconomical addition to the overall cost of medical care to the public, and

Whereas, there are now hospitals in Michigan with doctors of medicine and doctors of osteopathy on their staffs with approval of their respective county medical societies, therefore be it

RESOLVED: That it shall not be considered of itself unethical to admit doctors of osteopathy who base their practice on the same scientific and ethical principles as doctors of medicine to staff membership in hospitals in Michigan accredited by the Joint Commission on the Accreditation of Hospitals of the American Medical Association in the same manner and subject to the same regulations as doctors of medicine when the county medical society in which the hospital is located gives its approval.

THE REFERENCE COMMITTEE on Reports of Special Committees, B. E. Brush, M.D., Chairman, recommended no action on this Resolution since the matter is covered in the Annual Report of the Committee on Medicine and Osteopathy.

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 37

Relationships between Doctors of Medicine and Doctors of Osteopathy

Introduced by W. L. Brosius, M.D., Wayne

Whereas, it is the duty of Doctors of Medicine to work for the improvement of health care, and

Whereas, Doctors of Osteopathy are working toward the same goal, and

Whereas, health care will be improved by better relations between Doctors of Medicine and Doctors of Osteopathy, and

Whereas, the Michigan State Medical Society House of Delegates in 1962 resolved "that it shall not be considered unethical for members of the Michigan State Medical Society to associate professionally, and on a voluntary basis, with Doctors of Osteopathy who base their practice on the same scientific and ethical principles as Doctors of Medicine, therefore be it

RESOLVED: That Doctors of Osteopathy be invited to attend scientific assemblies and programs for educational purposes sponsored by the Michigan State Medical Society.

THE REFERENCE COMMITTEE on Reports of Special Committees, B. E. Brush, M.D., Chairman, recommended no action on this Resolution since the matter had been covered in the Annual Report of the Committee on Medicine and Osteopathy.

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 38

Need for Separation of Sections in Michigan Relative Value Study

Introduced by B. C. Payne, M.D., Washtenaw

Whereas, the overhead cost of the practice of medicine varies between specialties, and

Whereas, alterations in conversion factors affect different physicians to varying degrees in relation to their net income, and

Whereas, the unit value of Michigan Relative Value Study is only relative within a type of practice, therefore be it

RESOLVED: That the relative values for each section (that is, Surgery, Medicine, Radiology, Pathology) be considered separately.

THE REFERENCE COMMITTEE on Medical Service and Prepayment Insurance, J. B. Blodgett, M.D., Chairman, amended the Resolution substituting in the third Whereas the words "similar fields" for the words "a type" and in the Resolved adding after "that" the words "the monetary unit value and" and also removing the period and adding "and independently" and recommended adoption of the amended resolution.

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 39

Medical Legal Insurance

Introduced by Milton R. Weed, M.D., Wayne

Whereas, medical-legal insurance is becoming more difficult to obtain and in some instances is not available, and

Whereas, the judiciary often award damages of such magnitude as to pauperize an uninsured defendant, therefore be it

RESOLVED: That the appropriate committee of the Michigan State Medical Society investigate immediately the problem of malpractice insurance in Michigan to include availability of insurance by commercial carriers, rates of premiums, frequency of malpractice cases, feasibility and desirability of the establishment of a malpractice insurance company by Michigan State Medical Society, its legal implications and possible rate structure, and other matters of similar nature essential to determine if Michigan State Medical Society should underwrite malpractice insurance for its members, and be it further

RESOLVED: That said committee shall report its findings to the next session of the Michigan State Medical Society House of Delegates, and be it further

RESOLVED: That the Michigan Delegates to the American Medical Association be requested to initiate a similar study of malpractice insurance.

THE REFERENCE COMMITTEE on Resolutions, H. F. Falls, M.D., Chairman, recommended approval of the resolution with minor amendments to the first Resolved so it reads as follows:

"RESOLVED: That an appropriate committee of the MSMS investigate immediately the problem of malpractice insurance in Michigan, to include: (1) availability of insurance of commercial carriers; (2) rates of premiums; (3) frequency of malpractice suits, and (4) feasibility and desirability of the establishment of a malpractice insurance company by MSMS. This Committee should also study the legal implications, possible rate structure, and other matters of a similar nature essential to determine if MSMS should underwrite malpractice insurance for its members."

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 40

Implementation of Michigan Relative Value Study

Introduced by George S. Fisher, M.D., Wayne

Whereas, Michigan Medical Service has requested a change from community to merit rating, and

Whereas, Michigan Relative Value Study has not yet been implemented by Michigan Medical Service, therefore be it

RESOLVED: That Michigan Medical Service incorporate utilization of Michigan Relative Value Study in its new contracts using adequate conversion factors.

THE REFERENCE COMMITTEE on Medical Service and Prepayment Insurance, J. B. Blodgett, M.D., Chairman, recommended no action on this Resolution since the matter is still in Committee deliberation.

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 41

Norman A. Welch, M.D.

Introduced by Donald N. Sweeny, Jr., M.D., Wayne

Whereas, Norman A. Welch, M.D., President of the American Medical Association, represented the finest prototype of personal medical practitioner, teacher and statesman, and

Whereas, Norman A. Welch, M.D., unstintingly devoted many years of his life at all levels of organized medicine and private practice to promulgate the ideals of our profession and to urge a singleness of purpose and action for the benefit of the public and the profession, and

Whereas, by the tragic and untimely death on September 3, 1964, of Norman A. Welch, M.D., this nation, the world, and particularly the medical profession, has been deprived of his patient, tactful and kindly energies on its behalf, therefore be it

RESOLVED: That the Michigan State Medical Society humbly express to the family of Norman A. Welch, M.D., its deepest sympathies in this hour of bereavement, and be it further

RESOLVED: That the Michigan State Medical Society pledge to carry out his program dedicated to the unity of all segments of our profession toward a better health care for the public, and be it further

RESOLVED: That this Resolution be forwarded in proper form to the Board of Trustees of the American Medical Association, there to be spread on its minutes.

THE HOUSE suspended the rules and considered the Resolution sitting as a Committee of the whole.

The House adopted the Resolution and observed a moment of silence.

RESOLUTION 42

County Society Student Loan Activity

Introduced by Gerhard H. Bauer, M.D., Washtenaw

Whereas, the recruitment of medical students is the continuing responsibility of every physician, and

Whereas, many students, in the face of increasing living costs, find themselves in need of extra financial assistance, and

Whereas, the available national loan programs have specific limitations, and

Whereas, present trends emphasize that private medicine at the county level continue to demonstrate a personal interest in these future practitioners of medicine, therefore be it

RESOLVED: All component county medical societies be urged to initiate or review active loan and scholarship programs for medical students residing in or coming from these respective counties.

THE REFERENCE COMMITTEE on Resolutions, H. F. Falls, M.D., Chairman, recommended approval of this Resolution after deleting, in the Resolved, the words "or review".

THE HOUSE adopted the report of the Reference Committee.

RESOLUTION 43

Michigan State University School of Human Medicine

Introduced by Robert M. Stow, M.D., Ingham

Whereas, the administration of Michigan State University and the Legislature of Michigan have had the foresight to establish the School of Human Medicine at Michigan State University, and

Whereas, there is a continuing need for qualified physicians in Michigan, therefore be it

RESOLVED: That this House of Delegates commend and offer its continuing support to Michigan State University and the Legislature of the State of Michigan in this worthwhile endeavor.

THE REFERENCE COMMITTEE on Legislation and Public Relations, D. N. Sweeny, M.D., Chairman, recommended approval of this Resolution and its transmittal, in proper form, to the Executive Office of Michigan State University and the Legislature of the State of Michigan.

THE HOUSE adopted the report of the Reference Committee.

SPECIAL MEMBERSHIPS

The Reference Committee on Special Memberships, R. M. Stow, M.D., Chairman, recommended approval of the following special memberships submitted by the component medical societies:

Life Memberships

Alpena County—E. S. Parmenter, M.D.

Berrien County—Hazel D. Eidson, M.D.; Clayton S. Emery, M.D.; Arthur A. McNabb, M.D.; Charles K. Stulik, M.D.; Richard W. Watkins, M.D.; Herbert O. Westervelt, M.D.

Genesee County—R. Gordon Brain, M.D.; J. Leonidas Leach, M.D.

Gratiot-Isabella-Clare—Dennis V. Smith, M.D.

Ingham County—Fanny H. Kenyon, M.D.

Jackson County—C. E. DeMay, M.D.; Ray Newton, M.D.; Theophile E. Schmidt, M.D.; James W. Townsend, M.D.; John D. Van Schoick, M.D.

Kalamazoo County—Irmel W. Brown, M.D.; Lolita G. Goodhue, M.D.; Donald C. Rockwell, M.D.; Cyril A. Youngs, M.D.

Kent County—Lawrence W. Faust, M.D.; John P. Marsh, M. D.; Elmer W. Schnoor, M.D.

Lenawee County—R. G. B. Marsh, M.D.

Marquette-Alger County—William A. Corcoran, M.D.

Oakland County—Ethan B. Cudney, M.D.; Laurie G. Rowley, M.D.

Saginaw County—Frederick J. Cady, M.D.; Oliver W. Lohr, M.D.; Frank O. Novy, M.D.; Frederick Pietz, M.D.; Clarence E. Tosach, M.D.

Sanilac County—Frances Adelia Ford, M. D.

Washtenaw County—Norman F. Miller, M.D.

Wayne County—Vinton A. Bacon, M.D.; Abraham Bloch, M.D.; Stanley H. Brown, M.D.; Clarence L. Candler, M.D.; Clarence J. Carpenter, M.D.; Joseph E. Ciprian, M.D.; Catherine Corbeille, M.D.; Wilfrid Cowan, M.D.; Robert L. Cowen, M.D.; Douglas Donald, M.D.; Elmond J. Gerondale, M.D.; William T. Greenlee, M.D.; William E. Hilton, M.D.; Louis H'Romadko, M.D.; William H. M. Johnson, M.D.; David Kallman, M.D.; Ralph F. Kernkamp, M.D.; William G. Mackersie, M.D.; Sophie Mishelevich, M.D.; Arthur H. Naylor, M.D.; Edgar E. Poos, M.D.; Edward L. Robb, M.D.; Joseph Rydezewski, M.D.; Carl H. Schulte, M.D.; William J. Scott, M.D.; George W. Sippola, M.D.; Leo W. Slazinski, M.D.; David I. Sugar, M.D.; Alfred H. Whittaker, M.D.; H. G. Yesayian, M.D.; George H. Zinn, M.D.

Retired Memberships

Bay-Arenac-Iosco County—Justis J. Austin, M.D.; Clyde S. Tarter, M.D.

Genesee County—Donald L. Bishop, M.D.

Ingham County—Walter E. Mercer, M.D.

Kalamazoo County—Paul G. Schrier, M.D.

Macomb County—Joseph M. Croman, Jr., M.D.

Muskegon County—Louis L. LeFevre, M.D.

North Central Counties—C. G. Clippert, M.D.

Oakland County—Malcolm D. Campbell, M.D.

Wayne County—Warren W. Babcock, M.D.; Raymond G. Colyer, M.D.; John Freedman, M.D.; John Louis Siefert, M.D.; L. Paul Sonda, M.D.

Wexford-Missaukee County—R. C. Norton, M. D.; Gordon C. Tornberg, M.D.

Honorary Memberships

Washtenaw County—Elizabeth C. Crosby, Ph.D.; Rueben L. Kahn, D.Sc.; Bradley M. Patton, Ph.D.

The list of candidates for Associate Membership from Oakland and Wayne Counties was reviewed. Since all candidates are doctors of medicine, no action was required by the House of Delegates, inasmuch as they may become Associate Members of this Society upon application and certification by the secretary of their component society.

THE HOUSE adopted the recommendations of the Reference Committee.

PRESENTATIONS AND AWARDS

PRESENTATION TO OUTGOING PRESIDENT ORLEN J. JOHNSON, M.D.

Speaker Lightbody presented a plaque to President Johnson: "Presented by the House of Delegates of the Michigan State Medical Society to Orlen J. Johnson, M.D., President 1963-1964. In deep appreciation and grateful recognition of distinguished service rendered to medicine."

CERTIFICATES OF COMMENDATION

President Johnson presented the following Certificates of Commendation as authorized by the House of Delegates:

John S. DeTar, M.D., Milan—

"In recognition of his contributions to medical and health organizations. An accomplished general practitioner, he first served his community. Then, with untiring zeal, he applied his widely-recognized talents as a writer, speaker and organizer to the successful advancement of the activities of state and national associations in medical and allied fields."

Robert M. Heavenrich, M.D., Saginaw—

"In recognition of his contributions in child health and welfare. A fine pediatrician, he has generously contributed his knowledge to regional and statewide child-serving agencies and organizations."

E. Gifford Upjohn, M.D., Kalamazoo—

"In recognition of his contributions in the medical profession and to community life as a doctor, an industrialist and a citizen. He especially merits commendation for his current service as Chairman of the Board of Directors of the Pharmaceutical Manufacturers Association."

Goldie B. Corneliuson, M.D., Lansing—

"In recognition of her contributions in maternal and child health programs in Michigan. Her leadership has resulted in cooperation which led to the Maternal Mortality Study and the Child Hearing Conservation Program."

Norman F. Miller, M.D., Ann Arbor—

"In recognition of his contributions in medical education and organizational work. A recognized authority in obstetrics and gynecology, he also has contributed mightily to cancer research."

Orus R. Yoder, M.D., Ypsilanti—

"In recognition of his contributions during a distinguished career in both public and private service to his city, county and state. As medical administrator of Michigan mental hospitals he has well served his profession and his fellow man."

FIFTY YEAR AWARDS

At the request of Speaker Lightbody, Secretary D. Bruce Wiley, M.D., presented the 50 Year Award to the following:

R. H. Baribeau, M.D., Calhoun County
C. D. Barrett, M.D., Monroe County
A. B. Bower, M.D., Macomb County
Audrey O. Brown, M.D., Wayne County
Malcolm D. Campbell, M.D., Wayne County
Harold E. Clark, M.D., Wayne County
Lyman W. Crossman, M.D., Wayne County
Ira G. Downer, M.D., Wayne County
Samuel J. Eder, M.D., Wayne County
David B. Hagerman, M.D., Kent County
Leslie T. Henderson, M.D., Wayne County
Arlington F. Lecklider, M.D., Wayne County
S. L. Loupee, M.D., Cass County
Reginald D. McGeough, M.D., Monroe County
Frank A. Mercer, M.D., Oakland County
John K. Ormond, M.D., Oakland County
Orlando W. Pickard, M.D., Wayne County
Arthur E. Schiller, M.D., Wayne County
Milton Shaw, M.D., Ingham County
Eugene Steinberger, M.D., Wayne County
Gerald A. Wilson, M.D., Wayne County

Doctor Wiley read the following names of 50 Year Awardees who were unable to be present:

Herbert C. Allison, M.D., Wayne County
Stilson R. Ashe, M.D., Wayne County
L. Byron Ashley, M.D., Wayne County
Carl C. Birkelo, M.D., Wayne County
Ladislaus Bogusz, M.D., Wayne County
Dudley W. Byers, M.D., Wayne County
George L. Caldwell, M.D., Wayne County
Aaron L. Chapman, M.D., Wayne County
Clarence M. Clark, M.D., Wayne County
Hazel Eidson, M.D., Berrien County
W. B. Fillinger, M.D., Clinton County
Herbert E. Fogt, M.D., Wayne County
R. John Hardstaff, M.D., Wayne County
A. B. Henderson, M.D., Wayne County
J. Stewart Hudson, M.D., Wayne County
Bror H. Larsson, M.D., Wayne County
Harry Lewin, M.D., Wayne County
F. L. Pierce, M.D., Cass County
Harry C. Saltzstein, M.D., Wayne County
Simon H. Sauter, M.D., Wayne County
J. G. Slaughenhaupt, M.D., Wayne County
Albert M. Wehenkel, M.D., Wayne County
David Weingarden, M.D., Wayne County
Carl G. Wencke, M.D., Calhoun County

EMPLOYEE AWARDS

President Johnson announced that by action of the House of Delegates in 1961 the employees of the headquarters staff of the Michigan State Medical Society were to receive awards for certain tenure of employment.

The following awards were presented by President Johnson:

Warren F. Tryloff—10 years' service.
Herbert A. Auer—5 years' service.

TRIBUTE TO DECEASED FORMER MEMBERS OF THE HOUSE OF DELEGATES

Secretary Wiley read the following names, and the members of the House arose and stood in silent tribute to their memory:

L. R. Keagle, M.D.	Calhoun
William H. Wacek, M.D.	Gogebic
Horace Wray Porter, M.D.	Jackson
William A. Scott, M.D.	Kalamazoo
Milton C. Smith, M.D.	Macomb
Glenn L. Coan, M.D.	Wayne
Charles J. Jentgen, M.D.	Wayne
George B. Hoops, M.D.	Wayne
J. Milton Robb, M.D.	Wayne
Francis P. Walsh, M.D.	Wayne

ELECTIONS

The following Councilors and Officers were elected:

President-Elect—Luther R. Leader, M.D., Birmingham

Speaker—James J. Lightbody, M.D., Detroit

Vice Speaker—Louis F. Hayes, M.D., Gaylord

Councilors (3-year terms)—

1st District: Edgar E. Martmer, M.D., Grosse Pointe; Don W. McLean, M.D., Detroit; Robert K. Whiteley, M.D., Detroit
4th District: Don Marshall, M.D., Kalamazoo
5th District: C. Allen Payne, M.D., Grand Rapids
6th District: Harold H. Hiscock, M.D., Flint
10th District: Edward H. Rodda, M.D., Bay City (to fill unexpired term to 1965)
14th District: Bradley M. Harris, M.D., Ypsilanti

Delegates to the American Medical Association
(January 1, 1965-December 31, 1966)
Sidney Adler, M.D., Detroit
George W. Slagle, M.D., Battle Creek
Donald N. Sweeny, Jr., M.D., Detroit

Alternate Delegates to the American Medical Association
(January 1, 1965-December 31, 1966)
(In order of seniority)
Ralph R. Cooper, M.D., Grosse Pointe
O. B. McGillicuddy, M.D., Lansing
Robert E. Rice, M.D., Greenville

Alternate Delegates to the American Medical Association
(To fill vacancies for terms expiring December 31, 1965)
W. C. C. Cole, Sr., M.D., Detroit (replacing Sidney Adler, M.D., elected Delegate)
Otto K. Engelke, M.D., Ann Arbor (replacing L. A. Drolett, M.D., resigned)

DIRECTORY

1964 MSMS House of Delegates

RECORD OF ATTENDANCE

	Meetings				
	1st	2nd	3rd	4th	5th
J. J. Lightbody, M.D., Speaker	X	X	X	X	X
Louis F. Hayes, M.D., Vice Speaker	X	X	X	X	X
D. Bruce Wiley, M.D., Secretary	X	X	X	X	X
C. I. Owen, M.D. Immediate Past President	—	—	—	—	—

DELEGATES

	Meetings				
	1st	2nd	3rd	4th	5th
ALLEGAN					
Lewis F. Brown, M.D.	X	X	X	X	X
ALPENA-ALCONA-PRESQUE ISLE					
John W. Bunting, M.D.	X	X	X	X	X
BARRY					
Robert J. Huebner, M.D.	X	X	X	X	X
BAY-ARENAC-IOSCO					
Wm. G. Gamble, Jr., M.D.	X	X	—	X	X
Robert C. Prophater, M.D.	X	X	X	X	X
BERRIEN					
Noel J. Hershey, M.D.	X	X	X	X	X
Paul O. Rague, M.D.	X	X	X	X	X
BRANCH					
Robert M. Leitch, M.D.	X	—	X	X	X
CALHOUN					
George T. Kelleher, M.D.	X	X	X	X	X
R. C. Rowan, M.D.	X	X	X	X	X
K. S. Wemmer, M.D.	X	X	X	X	X
CASS					
Sherman L. Loupee, M.D.	—	X	X	X	—
CHIPPEWA-MACKINAC					
Donald D. Finlayson, M.D.	X	X	X	X	X
CLINTON					
Franklin W. Smith, M.D.	X	X	X	X	X
DELTA					
Francis C. Anderson, M.D.	X	X	X	X	—
DICKINSON-IRON					
Donald T. Anderson, M.D.	X	X	X	X	X
EATON					
Byron P. Brown, M.D.	X	X	X	X	X
GENESEE					
Franklin W. Baske, M.D.	X	X	X	X	X
Lawrence G. Bateman, M.D.	X	X	X	X	X
Wm. F. Buchanan, M.D.	X	X	X	X	X
Clifford W. Colwell, M.D.	X	X	X	X	X
H. Maxwell Golden, M.D.	X	X	X	X	X
Phillip K. Stevens, M.D.	X	X	X	X	X
GOGEBIC					
John R. Franck, M.D.	X	X	X	X	X
GRAND TRAVERSE-LEELANAU-BENZIE					
Frank H. Power, M.D.	X	X	X	X	X
John R. Spencer, M.D.	X	X	X	X	X
GRATIOT-ISABELLA-CLARE					
John M. Wood, M.D.	—	X	X	X	X
HILLSDALE					
Luther W. Day, M.D.	X	X	X	X	X
HOUGHTON-BARAGA-KEWEENAW					
Andrew M. Roche, M.D.	Not represented				
HURON					
C. Willis Oakes, M.D.	X	X	X	X	X
INGHAM					
L. A. Drolett, M.D.	X	X	X	X	X
H. W. Harris, M.D.	X	X	X	X	X
D. Bonta Hiscoe, M.D.	X	X	X	X	X
Henry E. Malcolm, M.D.	X	X	X	X	X
R. M. Stow, M.D.	X	X	X	X	X
IONIA-MONTCALM					
Robert E. Rice, M.D.	X	X	X	X	X
JACKSON					
H. L. Oster, M.D.	X	X	X	X	X
John W. Rice, M.D.	X	X	X	X	—
KALAMAZOO					
W. Kaye Locklin, M.D.	X	X	X	X	X
Adrian J. Neerken, M.D.	X	X	X	X	X
Edwin O. Pearson, M.D.	X	X	X	X	X
Frederick C. Ryan, M.D.	X	X	X	X	X

	1st	2nd	3rd	4th	5th
KENT					
Noyes L. Avery, Jr., M.D	X	X	X	X	X
W. Clarence Beets, M.D	X	X	X	X	X
Fred C. Brace, M.D	X	X	X	X	X
J. Russell Brink, M.D	X	X	X	X	X
Leo J. Kenney, M.D	X	X	X	X	X
John R. Pedden, M.D	X	X	X	X	—
Allison R. VandenBerg, M.D	X	X	X	X	X
Frederick S. Gillett, M.D	X	X	X	X	X
LAPEER					
James R. Doty, M.D	X	X	X	X	—
LENAWEE					
Donato F. Sarapo, M.D	X	X	X	X	X
LIVINGSTON					
Edwin S. Woodworth, M.D	X	X	X	X	X
LUCE					
B. G. Keizer, M.D	—	—	—	X	—
MACOMB					
Maurice S. Reizen, M.D	X	X	X	X	X
Peter V. Kane, M.D	X	X	X	—	—
E. G. Siegfried, M.D	—	X	X	X	X
MANISTEE					
Marlowe L. Schwarz, M.D	X	X	X	X	X
MARQUETTE-ALGER					
George M. Wilson, Jr., M.D	X	X	X	—	X
MASON					
Herbert G. Bacon, M.D	X	X	X	X	X
MECOSTA-OSCEOLA-LAKE					
Paul Ivkovich, M.D	X	X	X	X	X
MENOMINEE					
Herman R. Brukardt, M.D	X	X	X	X	X
MIDLAND					
Harold L. Gordon, M.D	X	X	X	X	X
MONROE					
S. Newton Kelso, Jr., M.D	X	X	X	X	—
MUSKEGON					
Robert J. Fles, M.D	X	X	X	X	X
H. Clay Tellman, M.D	X	X	X	X	X
Leland E. Holly II, M.D	—	—	X	X	—
NEWAYGO					
J. Paul Klein, M.D	X	X	X	X	X
NORTH CENTRAL					
Charles L. Oppy, M.D	X	X	X	X	—
NORTHERN MICHIGAN					
Thomas R. Kirk, M.D	X	X	X	X	X
OAKLAND					
Carl H. Birkelo, M.D	X	—	X	X	X
James E. Hendrickson, M.D	—	X	—	—	—
Robert M. Bookmyer, M.D	X	X	X	X	X
Arnold L. Brown, M.D	X	X	X	X	X
Edward E. Elder, Jr., M.D	X	X	X	X	X
Merle A. Haanes, M.D	—	X	X	X	X
Paul T. Lahti, M.D	—	X	X	X	X
James R. Quinn, M.D	X	X	X	X	X
Vincent P. Russell, M.D	X	X	X	X	X
F. Michael Sheridan, M.D	X	X	X	X	X
Richard R. Galpin, M.D	—	—	X	X	X
OCEANA					
Willis A. Hasty, M.D	X	X	X	X	X
ONTONAGON					
James P. Strong, M.D	X	X	X	X	X

	1st	2nd	3rd	4th	5th
OTTAWA					
John H. Kitchel, M.D	X	X	X	X	X
SAGINAW					
Vernon V. Bass, M.D	X	X	X	X	X
Hugh T. Caumartin, M.D	X	X	X	X	X
Robert F. Powers, M.D	—	X	X	X	X
ST. CLAIR					
James H. Tisdel, M.D	X	X	X	X	X
ST. JOSEPH					
Stanley C. Penzotti, M.D	X	X	X	X	X
SANILAC					
Keate T. McGunegle, M.D	X	X	X	—	X
SHIAWASSEE					
Claude L. Weston, M.D	X	X	X	X	X
TUSCOLA					
E. J. Miles, M.D	X	X	X	X	—
VAN BUREN					
Edwin H. Terwillinger, M.D	X	X	X	X	X
WASHTENAW					
Gerhard H. Bauer, M.D	X	X	X	X	X
Harold F. Falls, M.D	X	X	X	X	X
L. Dell Henry, M.D	X	X	X	X	X
Howard R. Williams, M.D	X	X	X	X	X
Beverly C. Payne, M.D	X	X	X	X	X
Harry A. Towsley, M.D	X	X	X	X	X
Charles J. Tupper, M.D	X	X	X	X	X
Dean P. Carron, M.D	X	X	X	X	X
Clarence E. Crook, M.D	X	—	—	—	—
WAYNE					
Sidney Adler, M.D	X	X	X	X	X
James J. Aiuto, M.D	—	—	X	—	—
E. Clarkson Long, M.D	—	X	X	X	X
Raphael Altman, M.D	X	X	X	X	X
Raymond J. Barrett, M.D	X	X	X	—	—
Eldon C. Baumgarten, M.D	X	—	—	X	—
Alexander Blain, III, M.D	X	X	X	—	X
James B. Blodgett, M.D	X	X	X	X	X
Z. Stephen Bohn, M.D	X	X	X	X	X
George T. Bradley, M.D	X	—	—	—	—
Wm. L. Brosius, M.D	X	X	X	X	X
Brock E. Brush, M.D	X	—	X	X	X
Wyman C. C. Cole, Jr., M.D	X	X	X	X	X
Ralph R. Cooper, M.D	X	X	X	X	X
James C. Danforth, M.D	X	X	X	X	X
Charles E. Darling, M.D	X	X	X	X	X
A. Jackson Day, M.D	X	X	X	X	X
Melvin S. Dennis, M.D	X	X	X	X	X
Herbert W. Devine, M.D	X	X	X	X	X
Henry M. Domzalski, M.D	X	X	X	X	X
Russell F. Fenton, M.D	X	X	X	X	—
George S. Fisher, M.D	X	X	X	X	X
James D. Fryfogle, M.D	—	X	X	X	X
Carl A. Gagliardi, M.D	X	X	—	X	—
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Joseph Hickey, M.D	X	X	X	X	X
Homer A. Howes, M.D	X	X	X	X	X
Benjamin Jeffries, M.D	X	X	X	X	X
Lyle W. Korum, M.D	X	—	—	—	X
Luther R. Leader, M.D	X	X	X	—	X
Floyd B. Levagood, M.D	X	X	X	X	X
Arthur B. Levant, M.D	X	X	X	X	X
Max L. Lichter, M.D	—	X	X	—	X
James J. Lightbody, M.D	X	X	X	X	X
Rosser L. Mainwaring, M.D	X	—	X	—	X
Marjorie Peeples Meyers, M.D	X	X	X	X	X
G. Thomas McKean, M.D	X	X	X	X	X
John W. Moses, M.D	X	X	X	X	X
Frank S. Perkin, M.D	X	X	X	X	X
Mario A. Petrini, M.D	X	X	—	X	—
Ralph H. Pino, M.D	X	X	X	X	X

	1st	2nd	3rd	4th	5th
A. Hazen Price, M.D.	X	X	X	X	X
Howard C. Rees, M.D.	X	X	X	X	X
George L. Reno, M.D.	X	X	X	X	X
Francis P. Rhoades, M.D.	X	X	X	X	X
A. Zack Rogers, M.D.	X	X	X	X	X
Jack Rom, M.D.	X	X	X	X	X
Laurence F. Segar, M.D.	X	—	X	X	X
Reuben I. Shapiro, M.D.	X	—	X	—	X
John G. Slevin, M.D.	X	X	X	X	X
David I. Sugar, M.D.	X	X	X	—	—
Robert G. Swanson, M.D.	X	X	X	X	X
Donald N. Sweeny, M.D.	X	X	X	X	X
Milton R. Weed, M.D.	X	X	X	X	X
Wm. J. Yott, M.D.	X	X	X	X	X
Raymond J. Kokowicz, M.D.	X	X	X	X	X
WEXFORD-MISSAUKEE					
Gregory P. Moore, M.D.	X	X	X	X	X

	1st	2nd	3rd	4th	5th
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Harvey Chapin	X	X	X	X	X
Arthur Fleming	X	X	X	X	X
Charles Henry	X	X	X	X	X
John Markly	X	X	X	—	—
Wayne State University					
Charles Jackson	X	—	—	X	—
James Meeks	X	—	X	X	X
Wm. C. Munn	X	X	X	X	X
James Reese	X	—	X	X	—
Henry Taylor	X	X	X	X	X
Martin Zonca	X	X	X	X	X

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